

Efudex[®]

(fluorouracil)
cream/solution

In the treatment of
solar/actinic keratoses—
An alternative
to cold, fire and steel

2/23/68

Before treatment with 5% 5-FU cream.
Patient R. G., 78 years old, shows
extensive skin changes due to weathering
and severe solar/actinic keratoses.

3/26/68

Following one month of therapy. Intense
erythematous reaction is seen at sites of
keratoses. Normal skin has not reacted.
Some areas which had reacted initially
have undergone healing despite continued
topical application of 5% 5-FU.

6/11/68

Ten weeks after discontinuance of
therapy. All areas have healed completely.
Residual mild erythema remains in some
areas. This patient also had seborrheic
keratoses which, as expected, have not
reacted. There is no evidence of residual
lesions or recurrences.





Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

An alternative to conventional therapy

Efudex (fluorouracil) offers the physician a topical alternative to cryosurgery, electrodesiccation and cold-knife surgery in the treatment of solar/actinic keratoses. It is effective, comparatively inexpensive and especially well suited for treatment of these multiple lesions. Important, too, is the highly desirable cosmetic result. Clinical experience demonstrates that treatment with Efudex results in an extremely low incidence of scarring.*

Highly effective

In clinical trials, depending on the dosage form and strength used, complete involution occurred in 77 to 88 per cent of lesions following treatment. The rate of recurrence was low, ranging from 1.7 to 5.6 per cent up to a year after completion of therapy. When new lesions appeared, repeated courses of Efudex therapy proved effective.*

Predictable therapeutic response

Two to four weeks constitutes a typical course of Efudex therapy. The response is usually characteristic and predictable. After three or four days of treatment, erythema begins to appear in the area of keratoses. This is followed by an intense inflammatory response, scaling and occasionally moderate tenderness or pain. The height of the inflammatory reaction generally occurs two weeks after the start of therapy, and then begins to subside as treatment is stopped. Within two weeks of discontinuing medication, the inflammation is usually gone. A mild erythema may remain for two or three months before gradually receding. Since this response is so predictable, lesions which do not respond should be biopsied.

Two strengths—two dosage forms

Efudex is available as a 2% or 5% solution or as a 5% cream. It is applied twice daily by the patient with a nonmetal applicator or suitable glove.

Before prescribing Efudex, however, two important considerations: First, please consult the complete prescribing information for precautions, warnings

and adverse reactions. Second, advise the patient that treated lesions should respond with the characteristic but transient inflammation. A positive sign that Efudex is working for them.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

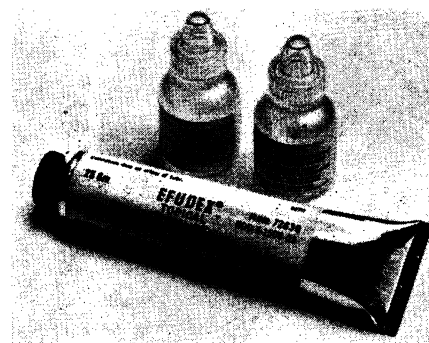
Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Efudex Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)-aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Efudex Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing-cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).



new
Efudex[®]
(fluorouracil)
cream/solution

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

SAN JOAQUIN MEDICAL SOCIETY'S MEDITERRANEAN ADVENTURE

AIR/SEA CRUISE

Travel Seminar for all Members and Families of the
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San Francisco and Los Angeles

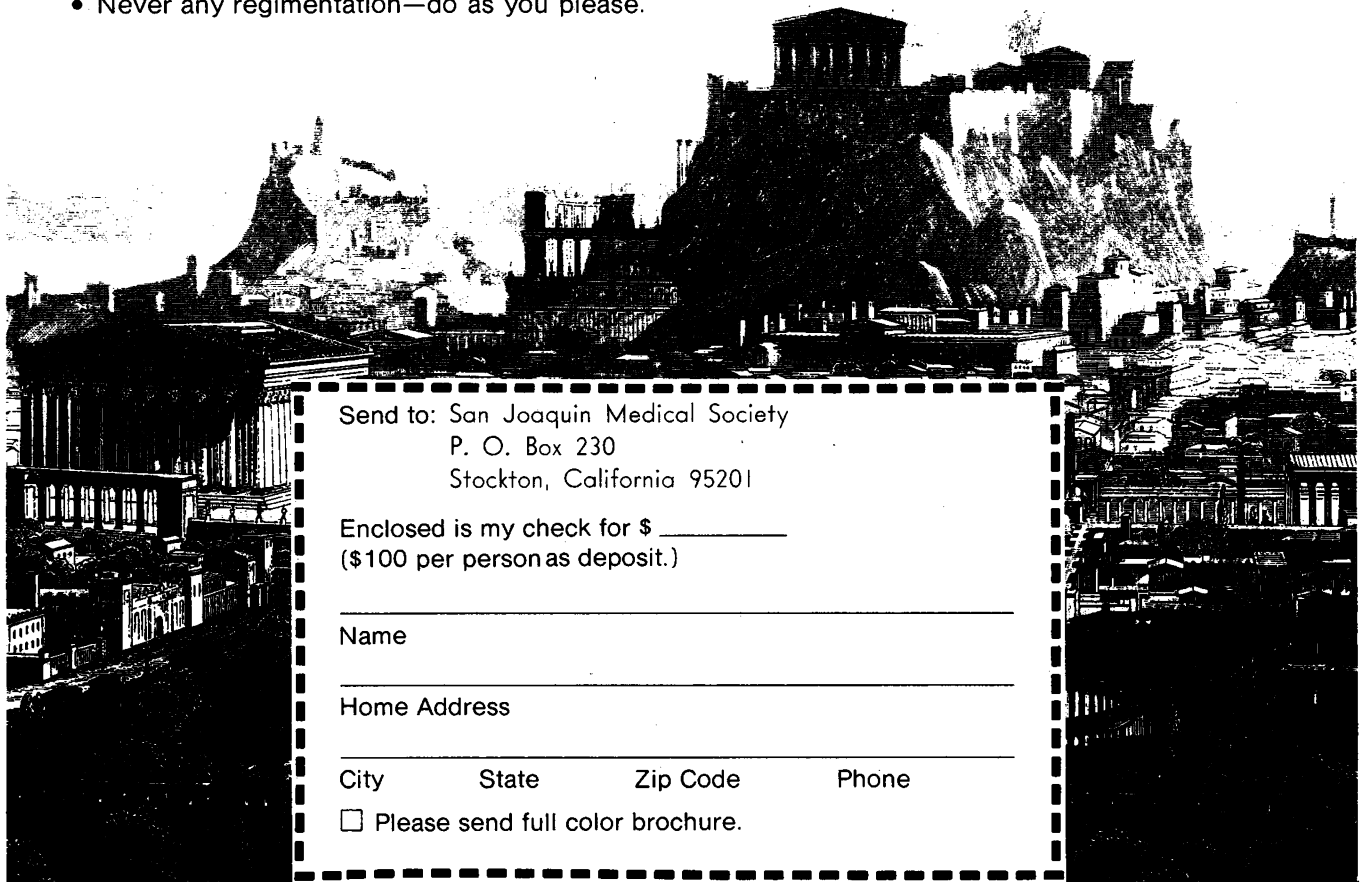
August 26, 1971

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OBETROL®
Summary of Prescribing
Information.

Amphetamines have a significant potential for abuse. In view of their limited short-term anorectic effect and rapid development of tolerance, they should be used with extreme caution and only for limited periods of time in weight reduction programs.

CONTRAINDICATIONS:

Advanced arteriosclerosis, symptomatic cardiovascular disease, hypertension, hyperthyroidism, hypersensitivity to sympathomimetic amines, agitated states, history of drug abuse, pregnancy, and administration of monoamine oxidase inhibitors within 14 days. Not recommended for children under 12 years old.

WARNINGS AND

PRECAUTIONS: Patients should be warned not to operate machinery or drive a motor vehicle. Amphetamines may cause drug dependence, alter the insulin requirements in diabetes mellitus, or decrease the hypotensive effect of guanethidine. *Side Effects:* Cardiovascular: palpitation, tachycardia, elevation of blood pressure. CNS: overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache. GI: dryness of mouth, unpleasant taste, diarrhea. Allergic: urticaria.

Endocrine: impotence, libido change. *Overdosage:* Symptoms of acute overdosage include restlessness, confusion, assaultiveness, hallucinations, panic. Fatigue and depression usually follow CNS stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, abdominal cramps. Fatal poisoning usually terminates in convulsions and coma. Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. *Chronic Intoxication:* Manifestations include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. With continued overdosage or illicit usage, a psychosis often resembling schizophrenia may develop.

OBETROL PHARMACEUTICALS
Valley Stream, N.Y. 11581

DR.

ADDRESS

CITY

STATE, ZIP

SIGNATURE

**...but doctor,
I eat like a bird!**



OBETROL®

Each Obetrol-10 tablet contains: methamphetamine saccharate 2.5 mg., methamphetamine hydrochloride 2.5 mg., amphetamine sulfate 2.5 mg. and dextroamphetamine sulphate 2.5 mg. Obetrol-20 tablets contain twice this potency. U.S. Patent #2748052.

WEIGHT CONTROL ADJUNCT

Obetrol, because of its anorexiant effect,
is indicated in exogenous obesity as a short-term
(a few weeks) adjunct to a regimen
of weight reduction based on caloric restriction.
The anorectic effect diminishes after a few weeks.

DOSAGE AND ADMINISTRATION: The usual adult dosage is 10 mg. (1 Obetrol-10 tablet) twice daily one hour before eating, adjusted according to tolerance. The maximum dosage is 40 mg. daily in divided doses until a plateau is reached. The lowest effective dosage should be individually adjusted. Late evening medication should be avoided because of possible insomnia. If tolerance develops, medication may be suspended for an interval and later resumed.

Supplied as scored tablets in bottles of 100, 500, and 1000.

REQUEST SAMPLES AND LITERATURE

OBETROL PHARMACEUTICALS
Division of Rexar Pharmacal Corp.
Valley Stream, N.Y. 11581

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(Formerly WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ALCOHOLISM AND DRUG USE

May 15-16—**Drug Abuse.** UCSF at Preston Hall, Presbyterian Church, Mendocino. Saturday-Sunday. Changing Patterns of Drug Abuse, Former Addicts, The Professional as a Member of a Self-Help Program, Methadone for Narcotics Addicts, Impact of Drug Abuse on Crime in Mendocino County, Nature of Lost War on Drug Abuse, Drug Use, Legalized Drug Abuse. \$25. 11 hrs.

May 20—**Methods of Treating Drug Abuse: Approaches for the 70's.** University of California Extension, Riverside at University Commons, Riverside. Thursday. Emergency and long-range treatment of drug users, methadone treatment, emergency medical treatment, community resources for treating drug abuse. Contact: Gwen Andracke, University of California Extension, Riverside 92502. (714) 787-4346.

June 28-July 2—**Community Mental Health Approaches to the Problem of Drugs.** Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

July 12-16—**Community Mental Health Approaches to the Problem of Alcoholism.** Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

CANCER

May 17-19—**Second National Conference on Breast Cancer.** American Cancer Society at Century Plaza Hotel, Los Angeles. Monday-Wednesday. Newer Concepts

in Management, Incidence and Mortality, High Risk Groups, The Pill, Viruses, Immunology, Cell Kinetics, Genetics, Animal Experimentation, Early Breast Cancer, Detection and Screening, Management of Primary Operable Breast Cancer, Rehabilitation. Contact: Esther Kelley, Prof. Ed. Dept., ACS, 219 E. 42nd St., New York 10017. (212) 867-3700.

June 4-5—**Cancer Conference.** USC. Friday-Saturday.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital,

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

- CMA:** California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.
- LLU:** Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.
- PMC:** Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.
- STAN:** Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.
- UCD:** University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.
- UCI:** University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine — California College of Medicine, Irvine 92664. (714) 833-5991.
- UCLA:** University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.
- UCSF:** University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.
- USC:** University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: Malin Dollinger, M.D., Chairman, Tumor Board, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

COMMUNITY MEDICINE

Continuously—Community Medicine Seminar. Department of Community Medicine, UCSD. September-June, second Friday monthly. Contact: UCSD.

MEDICINE

May 15—Oral Lesions in Dermatology. STAN. Saturday.

May 16—Ventilation Perfusion Relationships. USC. Sunday.

May 16-19—National Tuberculosis and Respiratory Disease Association. Hilton and Biltmore Hotels, Los Angeles. Sunday-Wednesday. Contact: James E. Perkins, M.D., Managing Dir., NTARDA, 1740 Broadway, New York 10019. (212) 245-8000.

May 16-19—American Thoracic Society. Hilton and Biltmore Hotels, Los Angeles. Sunday-Wednesday. Contact: Robert Weymueller, ATS, 1740 Broadway, New York 10019. (212) 245-8000.

May 19-20—Coronary Artery Disease. USC at Rancho Los Amigos Hospital, Downey. Wednesday-Thursday.

May 20-22—Pulmonary Thromboembolism—1971. UCSD and American College of Chest Physicians at UCSD. Thursday-Sunday. Pathogenesis of venous thrombosis and pulmonary embolism, experimental models in thromboembolism, pathologic considerations in thromboembolism, cardiopulmonary pathophysiology in pulmonary embolism, diagnosis of venous thrombosis and pulmonary embolism, treatment, recent investigations. \$100 members, \$125 others. 18 hrs. Contact: UCSD.

May 21—Clinical Problems in Angina Pectoris. STAN at VA Hospital, Palo Alto. Friday. Common clinical problems, historical and physical signs, interpretation of electrocardiogram, use of phonocardiogram and treadmill exercise tests, hemodynamics, coronary arteriography, evaluation of left ventricular function, variant forms of angina, atypical clinical manifestations.

May 26—Los Angeles County Heart Association—Annual Meeting. Hilton Hotel, Los Angeles. Wednesday. Contact: LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.

May 27-29—Advances in Endocrinology and Metabolism. UCSF. Thursday-Saturday.

June 1-4—Selected Topics on the Pathophysiology of Clinical Gastroenterology. UCSF and American College of Physicians at UCSF. Tuesday-Friday. Esophagus—structure, function and diseases including reflux; Stomach—evaluation of gastric secretion, diseases; Small intestine—small gut absorption and histology, diseases; Liver—evaluation of function and diseases; Colon—roentgenology and diseases; Pancreas—pancreatic secretion and diseases; Biliary tract—function of bile, gallstones. Esophagitis and stricture, peptic ulcer, malabsorption diseases, hepatic and cirrhosis, cholelithiasis, inflammatory diseases of the gut. Contact: UCSF.

June 5—Tuberculosis and Microbacteriology Today. UCSF. Saturday. Mycobacterial Diseases in Man, Tuberculosis Bacteriology Services Offered in California, Recommended Laboratory Methods, Drug Susceptibility Testing, Identification of Microbacteria Organisms Confused with Mycobacteria, Safety and Quality Control. 6 hrs.

June 14-July 2—Coronary Care for Physicians Training Program. CRMP Area IV and Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three-week course designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid base metabolism, emphasis on practical techniques. \$250. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.

June 16-19—Third Annual Cerebral Function Symposium. Annual Cerebral Function Symposium at Hotel del Coronado, Coronado. Wednesday-Saturday. Hemispherectomy and Cerebral Function. Contact: W. Lynn Smith, Ph.D., Suite 1120, Franklin Medical Center, 2045 Franklin, Denver 80205. (303) 534-0903.

June 18-19—Selected Subjects in Electrocardiography. UCSF and Mt. Zion Hospital and Medical Center at Hilton Hotel, San Francisco. Friday-Saturday. Arrhythmias, conduction disturbances, other selected topics in electrocardiography.

June 22-23—American Diabetes Association. Sheraton-Palace Hotel, San Francisco. Tuesday-Wednesday. Contact: H. Richard Connelley, Exec. Dir., 18 E. 48th St., New York 10017. (212) 752-8550.

June 24-26—Endocrine Society. Hilton Hotel, San Francisco. Thursday-Saturday. Contact: Mrs. Nona Lee Mattox, Exec. Sec., ES, 1211 N. Shartel, Oklahoma City 73103. (405) 232-8747.

July 5-16—Coronary Care Unit Program for Physicians. CRMP Area V at Los Angeles County-USC Medical Center. Two week course repeated monthly. Arrhythmia detection, diagnosis and therapy, defibrillation and cardioversion, central venous pressure monitoring and treatment of congestive heart failure, shock and associated respiratory problems, and CCU management in community hospitals. Contact: Gladys Ancrum, Dr. P.H., Admin. Assoc., CRMP Area V, 1 West Bay State St., Alhambra 91801. (213) 576-1626.

July 24—Pathogenesis and Management of Fluid and Electrolyte Imbalance. PMC. Saturday. Second in a series of four workshops. \$50.

August 18-22—Advanced Seminars in Internal Medicine. UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday. 24 hrs.

August 30-September 2—Epidermal Wound Healing. UCSF at Del Monte Lodge, Pebble Beach. Monday-Thursday. Cellular Facets of Wound Repair, Cell Kinetics, Quantitation of Repair, Dermal-Epidermal Interactions, Physical and Chemical Factors Affecting Repair.

September 8-12—1971 **Advanced Seminars in Dermatology**. UCI at Newporter Inn. Newport Beach. Wednesday-Sunday. Microbiology of the Skin, Carcinogenesis and Cutaneous Cancer. \$100. 40 hrs. Contact: James Graham, M.D., Dept. of Medicine, UCI. (714) 633-9393, ext. 172.

September 13-October 1—**Coronary Care for Physicians Training Program**. See Medicine, June 14-July 2.

September 19—**Fifteenth Annual Physicians Symposium on Cardiovascular Disease**. Santa Barbara and Ventura Counties Heart Associations at Biltmore Hotel, Santa Barbara. Sunday. \$20. 7 hrs. Contact: Mrs. Sara Clyde, Exec. Dir., SBCHA, 18 La Arcadia Ct., Santa Barbara 93103. (805) 963-1541.

September 22—**Eleventh Annual Medical Symposium on Kidney Disease**. Kidney Foundation of Southern California at Ambassador Hotel, Los Angeles. Wednesday. \$25. 8 hrs. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.

September 30-November 29—**Current Concepts of Medical Oncology**. UCLA. Thursdays weekly, except November 29.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care**. CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Coronary Care**. St. Francis Hospital of Lynwood, Lynwood. Second Thursday of each month, 7:30-8:30 p.m. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Neurological Sciences**. St. Francis Hospital of Lynwood, Lynwood. Fridays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens or current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital**. CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Training for Physicians in Nephrology**. CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Training for Physicians in General Internal Medicine**. CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**Basic Home Course in Electrocardiography**. One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

Continuously—**Training in the Procedure of Tonometry**. Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir., NCSPB, 4200 California St., San Francisco 94118. (415) 387-0934.

Continuously—**Medico-Surgical Cardiovascular Seminar**. STAN at Fresno Community Hospital and Valley Medical Center, Fresno. Third Thursday of each month, lectures, demonstrations, seminar discussion, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto VA Hospital, 3901 Miranda Ave., Palo Alto 94306. (415) 328-5600.

Continuously—**Cardiology Conferences—CRMP Area III**. Second Wednesday monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

Neurology. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

May 23-June 4—Mental Retardation Workshop. UCLA. Two weeks.

June 21-25—Implications for Future Planning in Mental Retardation: Research and Legislative Changes. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

OBSTETRICS AND GYNECOLOGY

May 15—Gynecological Diseases. See Radiology-Pathology, May 15.

May 15—The Menopause and Its Treatment. UCSD. Saturday. Emotional and physical problems, gynecological changes—function and complications of estrogen therapy, bone problems and loss of height, skin problems, male menopause. \$10. 4½ hrs.

May 17-19—Second National Conference on Breast Cancer. See Cancer, May 17-19.

May 21-22—Sixteenth Annual Obstetrics and Gynecology Symposium. Southern California Permanente Medical Group at Beverly Hilton Hotel, Beverly Hills. Friday-Saturday. Contact: Shirley Gach, Coordinator, Education and Research, Room 6014, SCPMG, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

May 26-29—The High Risk Infant: Early Detection and Preventive Intervention. See Pediatrics, May 26-29.

June 4-6—Therapeutic Abortion. PMC. Friday-Sunday. Techniques, social and psychological aspects—counseling, prevention of recurrence, effects on patient and family, attitudes of personnel. \$90.

August 15-18—Fourth Annual Advanced Seminar in Obstetrics and Gynecology. UCLA at UCLA Residential Conference Center, Lake Arrowhead. Sunday-Wednesday. 24 hrs.

September 16-18—Obstetrics and Gynecology Program. UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

11:30 a.m., First Floor Auditorium, Room 13-105, UCLA Medical Center. UCLA.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

May 15-16—Northern California Chapter, American Academy of Pediatrics—Annual Spring Meeting. Yosemite Lodge, Yosemite. Saturday-Sunday. \$20. 8 hrs. Contact: Birt Harvey, M.D., 1101 Welch Road, Suite A-1, Palo Alto 94304.

May 26-29—Symposium on the Infant at Risk: Early Detection and Preventive Intervention. Mt. Zion Medical Center and the National Foundation, March of Dimes at Jack Tar Hotel, San Francisco. Wednesday-Saturday. Multidisciplinary attempt to synthesize newest information concerning foetal, infant and child development in the crucial first three years of life. Genetic, cross-cultural, ecologic, nutritional, physiological, psychological and emotional aspects. Contact: Ruth Gross, M.D., Mt. Zion Hospital and Medical Center, 1600 Divisadero St., San Francisco 94115. (415) 567-6600.

June 4—Annual Premature Day. STAN. Friday. Neonatal intensive care and highlights of research.

June 10-12—Advances in Pediatrics. UCSF. Wednesday-Saturday. Adolescence, cardiovascular disease in infancy, nutrition, endocrinology, respiratory disease, immunization, neonatal emergencies, neurological problems, hypersensitivity disease, renal disease and genetic counselling. 17½ hrs.

June 14-17—Clinical Evaluation of Children with Learning Disorders. UCSF. Monday-Thursday. Physician's role in history, physical and neurological examination, academic achievement screening, family interview, interpretation of findings to the child and his family, working with family and school in formulating and following through on plans of management. \$110. 18½ hrs.

June 23-25—Annual Pediatric Seminar. Childrens Health Center at Sheraton Hotel, Harbor Island, San Diego. Wednesday-Friday. The Preschool Years. \$30. 16 hrs. Contact: David L. Chadwick, M.D., Medical Director, Childrens Health Center, 8001 Frost Street, San Diego 92123. (714) 277-5808, ext. 351.

July 12-14—Chronic Diseases in Childhood. STAN and American Academy of Pediatrics at Childrens Hospital of Stanford, Stanford. Monday-Wednesday. Recent advances in diagnosis and treatment of chronic diseases of childhood, improved techniques for the delivery of health services to children with chronic handicapping conditions. Sections on hematology, allergy, rheumatology, clinical immunology, chest diseases, anesthesiology, psychiatry, genetics, renology, radiology, endocrinology, gastroenterology. Contact: STAN.

August 7-8—Armchair Allergy. PMC. Saturday-Sunday. \$55.

September 18—Childrens Hospital Program. UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

Continuously—Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. 1 hr. Contact: B. M. Kagan, M.D., Cedars-Sinai Medical Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

May 22—Managing Sexual Problems in Medical Practice. USC Division of Postgraduate Psychiatry at Airport Marina Hotel, Los Angeles. Saturday. 8 hrs. Contact: Donald H. Naftulin, M.D., Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

June 14-18—Community Mental Health and the Legal System. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

June 28-July 2—Comparative Psychotherapies. USC Division of Postgraduate Psychiatry at Newporter Inn, Newport Beach. Monday-Friday. \$50. 20 hrs. Contact: Donald H. Naftulin, M.D., Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

July 19-23—Legislative Issues in Community Mental Health. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

July 23-25—Workshops in Clinical Hypnosis and Hypnotherapy. American Society of Clinical Hypnosis at St. Francis Hotel, San Francisco. Friday-Sunday. \$125. 22 hrs. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., Minneapolis 55414. (612) 331-9452.

July 26-30—Community Mental Health Planning for Services for Children. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY—PATHOLOGY

May 15—Gynecological Diseases. South Bay Radiology and Pathology Society at Little Village Theater, Carmel. Saturday. \$20. Contact: Robert M. Rinehart, M.D., Santa Clara Valley Medical Center, 751 South Bascom Ave., San Jose 95128. (408) 293-0262.

May 22-25—Disease of the Chest (Radiology Workshop). Northern California Radiologic Society and UCD at Sacramento Inn. Sacramento. Saturday-Tuesday. Contact: K. G. Ryan, M.D., Sec., NCRS, Woodland Clinic Medical Group, 1207 Fairchild Ct., Woodland 95695. (916) 662-4641.

June 7-19—Biological Electron Microscopy. USC at Allan Hancock Foundation Building, USC. Two weeks. Designed for professional and laboratory personnel desiring knowledge and experience in tissue preparation for examination with electron microscope. Contact: Dr. Robert F. Bils, Dir., Electron Microscopy Laboratory, USC. (213) 746-6015.

June 19-20—Advances in Clinical Enzymology and Other Laboratory Diagnosis. UCLA. Saturday-Sunday.

June 21-26—**Pathology of the Lung.** UCSD. Monday-Saturday. Pulmonary structure and function in relation to disease, pulmonary anomalies, emphysema, pneumonias, granulomatous diseases, pulmonary circulatory disturbances and vascular disease, hypersensitivity reactions and collagen diseases, neonatal and pediatric pulmonary pathology, tumors and tumor-like conditions of the lungs and pleura, miscellaneous pulmonary diseases of unknown etiology, methods for the study of pulmonary disease. \$200. 48 hrs.

June 27-July 2—**Society of Nuclear Medicine.** Biltmore Hotel, Los Angeles. Sunday-Friday. Contact: Margaret Glos, SNM, 211 E. 43rd St., New York 10017.

August 3-24—**Neuroradiology.** Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. Tuesdays weekly. 8 hrs. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-2100.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 12:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

May 17-21—**Le Roy C. Abbott Scientific Program and Samuel Higby Camp Annual Lectureship.** UCSF. Monday-Friday. Contact: Miss Terry von Wronski, Dept. of Orthopedic Surgery, HSE 641, UCSF. (415) 666-1126.

May 23-24—**American Laryngological Association.** Hilton Hotel, San Francisco. Sunday-Monday. Contact: Frank D. Lathrop, M.D., R.D. #1, Pittsford, Vermont 05763. (802) 483-6430.

May 23-25—**American Academy of Facial Plastic and Reconstructive Surgery.** Hilton Hotel, San Francisco. Sunday-Tuesday. Contact: Carl N. Patterson, M.D., Sec., 1110 W. Main St., Durham, North Carolina 27701. (919) 682-9341.

May 25-27—**American Laryngological, Rhinological, and Otological Society.** Hilton Hotel, San Francisco. Tuesday-Thursday. Contact: Louis E. Silcox, M.D., 108-11 Lankenau Medical Bldg., Philadelphia 19151. (215) 642-0136.

May 26-27—**American Broncho-Esophagological Association.** Hilton Hotel, San Francisco. Wednesday-Thursday. Contact: Walter Maloney, M.D., Sec., ABEA, 2065 Adelbert Rd., Cleveland 44106. (216) 791-7300.

May 28-29—**American Otological Society.** Hilton Hotel, San Francisco. Friday-Saturday. Contact: Wesley H. Bradley, M.D., 1100 E. Genesee St., Syracuse, New York 13210. (315) 476-3124.

June 3-4—**Highlights of Modern Ophthalmology.** PMC. Thursday-Friday. Cryosurgery, Current Trends in Corneal Surgery and Research, Glaucoma—Medical and Surgical Considerations and Medicolegal Problems, Photocoagulation of Macular Disease, Current Therapy of Diabetic Retinopathy, Modern Technology in Cataract Surgery, Fluorescein Fundoscopy, Recent Developments in Therapeutics, Retinal Detachment—The Buckling Procedures, Contact Lenses. \$125. 16 hrs.

June 12—**Painful Feet and Injured Ankles.** PMC. Saturday. 8 hrs.

June 19—**Clinical Electronystagmography Course.** Los Angeles Foundation of Otology. Saturday. Doctors urged to bring ENG technician. Anatomy and Physiology of Vestibular System, Demonstration of Techniques of Vestibular Stimulation and ENG Recording and Calculation, Significance of and Interpretation of Electronystagmogram, Vistas in Vestibular Investigation. \$60. 7 hrs. Contact: Jack L. Pulec, M.D., Los Angeles Foundation of Otology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

June 24-26—**1971 Stanford Ophthalmology Conference.** STAN. Thursday-Saturday. Present state of knowledge in fields of ocular motility and ptosis, strabismus. \$125.

July 6—**Annual Basic Science Course in Ophthalmology.** STAN. Eight and one-half weeks through September 3. Designed primarily for residents. Instruction, lectures and laboratory sessions, emphasis on application of basic science principles to clinical situations and disease conditions.

July 22-30—**Pacific Coast Oto-Ophthalmological Society.** Royal Hawaiian Hotel, Honolulu. One week. Contact: Francis A. Sooy, M.D., Dept. of Otolaryngology, UCSF.

July 26-28—**The Shoulder in Sports.** American Academy of Orthopaedic Surgeons at Hilton Hotel, San Francisco. Monday-Wednesday. \$150. 24 hrs. Contact: Fred Behling, M.D., 300 Homer Ave., Palo Alto 94301. (415) 321-4121.

August 6-8—**Management of Anesthetic Problems in Medical, Obstetrical and Surgical Specialties.** UCLA at Neuropsychiatric Institute, UCLA. Friday-Sunday.

August 11-15—**Advanced Seminars in Urology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 9:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. USCD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

CMA Postgraduate Institutes and Circuit Courses

June 17-18—Sacramento Valley Counties Regional Postgraduate Institute. CMA, USC and Sacramento County Medical Society at Sahara-Tahoe Hotel, Lake Tahoe. Thursday-Friday. \$20. Infections, Immunizations, and Immunology. Contact: CMA.

May 15—Third Annual Symposium—Baldwin Hills Hospital. Proud Bird Restaurant, Los Angeles. Saturday. Refresher course for general practitioner. Medical emergencies in the office; cardiac shock, hematological emergency, cardiac emergency, drug interactions, respiratory emergency. 6½ hrs. Contact: Howard R. Bierman, M.D., Program Chmn., Baldwin Hills Hospital, 5525 W. Slauson Ave., Los Angeles 90056. (213) 645-2110.

May 22—Annual Seminar—General Hospital of Ventura County. Saturday. 4 hrs. Contact: J. Austin Daly, M.D., General Hospital of Ventura County, Ventura 93003. (805) 648-6181.

May 22—Medical Alumni Reunion Clinical Symposium. STAN. Saturday.

May 23—Office and Lab Orientation: A Symposium for Medical Assistants. UCSF. Sunday.

May 27—Medical Centers of Africa. USC in Senegal, Ivory Coast, Ghana, Uganda, Kenya. Three weeks.

June 13-17—Western Area Conference of Foundations for Medical Care. United Foundations for Medical Care Service Corporation at Kauai Surf Hotel, Lihue, Kauai, Hawaii. Sunday-Thursday. Contact: Norman A. Brown, Exec. Sec., 1625 Franklin Ave., Santa Rosa 95404.

June 30-July 4—Eleventh Annual Seminar for General Practitioners. UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday. 24 hrs.

July 16-17—Effective Medical Communication. UCLA at UCLA Residential Conference Center, Lake Arrowhead. Friday-Saturday. \$225.

August 14-25—Fourteenth Annual Postgraduate Refresher Course. USC at Sheraton-Waikiki, Tripler General Hospital, and Kauai Surf Hotel, Honolulu and Kauai. Two weeks.

August 30-September 2—American Hospital Association. Civic Auditorium, San Francisco. Monday-Thursday. Contact: Edwin L. Crosby, M.D., Exec. Vice-Pres., AHA, 840 N. Lakeshore Dr., Chicago 60611. (312) 645-9400.

September 15-17—Emergency Care. UCSF. Wednesday-Friday.

September 22—Cedars-Sinai Alumni Association Symposium. Century Plaza Hotel, Los Angeles. Wednesday. Contact: Mrs. Barbara Markell, Cedars-Sinai Alumni Sec., Cedars-Sinai Alumni Assoc., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111.

Continuously—What's New Series. Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. Third Wednesday monthly. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-2100.

Continuously—Basic Science Correlation in Disease. VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—Ventura General Hospital Program. UCI and Ventura General Hospital at Ventura General Hospital, Ventura. Monthly lectures by UCI faculty. Contact: UCI.

Continuously—Postgraduate Medical Lecture Series—Orange County. UCI and Orange County Chapter, American Academy of General Practice at Saddleback Inn, Santa Ana. Monthly lectures by UCI faculty. June 4, Secondary Hypertension. Contact: UCI.

Continuously—Postgraduate Medical Lecture Series—Riverside-San Bernardino. UCI and Riverside-San Bernardino Chapter, American Academy of General Practice at Rams Horn Inn, San Bernardino. Monthly lectures by UCI faculty. May 21, Diagnosis and Management of Bleeding Disorders. Contact: UCI.

Continuously—Educational Tape Service for Orthopaedists, Rheumatologists. Orthopaedic Audio-Synopsis Foundation. Monthly recorded teaching program on C-60 cassette tapes available to orthopaedic surgeons, rheumatologists and resident physicians. Twelve monthly tapes, annual subscription rate of \$72 (\$50 for residents). Contact J. Tonn, Managing Editor, Orthopaedic Audio-Synopsis Foundation, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Continuously—Inter-Hospital Conference. UCSD and participating hospitals in the San Diego area at Radiology main conference room, UCSD. Weekly conferences conducted by various hospitals. Consult UCSD for dates and participating hospitals.

Continuously—Weekly Seminar for Graduate Students. UCSD at Basic Sciences Building, UCSD. Weekly Wednesday seminars, open to interested physicians. 12 noon.

Continuously—Dean's Day Program. UCSD. One day monthly, 12:30 p.m., Main Auditorium, University Hospital of San Diego County, San Diego. May 27, Anesthesia; June 24, Neurology. Contact: UCSD.

Continuously—Biomedical Lecture Series. UCSD. May 19, 8:00 p.m., Basic Sciences Building, UCSD.

Continuously—Basic Science Lecture Series. UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, 619 S. Westlake Ave., Los Angeles 90057.

Continuously—Medical Media Network (formerly Medical Television Network) has discontinued Southern California "scrambled" broadcasting in favor of a film and videotape distribution system. Subscriptions for all California hospitals, rental or purchase. Provides physicians throughout the State with current educational programs in local hospitals. Programs in: Diagnosis of Down's Syndrome, Hemodynamic Monitoring—Intra-Arterial Catheters, Coma, Alcoholism, Malprac-

tice, Emphysema, Food Allergies, The Overweight Patient, Headache. Consult the nearest MMN Hospital regarding time and date for viewing. Programs and study guides developed cooperatively by all California medical schools. Contact: Richard R. Getz, Exec. Dir., MMN, 10962 Le Conte Ave., Los Angeles 90024. (213) 825-2071.

Continuously—Postgraduate Education Program—Harbor General Hospital. Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Endocrinology-Metabolism, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: April-May, June-July. Contact: Malin Dollinger, M.D., Program Director, Harbor General Hospital; 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—Stanford Speaker's Bureau for Environmental Topics. Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, environmental radiation standards and nuclear power plants, overpopulation, abortion and contraception, technological problems of power generation in the United States, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and supersonic transport. Contact: John W. Farquhar, M.D., Assoc. Prof. of Medicine, STAN.

Continuously—Stanford-Mills Memorial Hospital Continuing Education Program. STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

when an unnerving experience
compounds the pain



**the compound analgesic
that calms instead of caffeinates**

In addition to pain, this patient has experienced anxiety, fear, embarrassment, and frustration. No doubt these psychic factors actually increased her perception of pain. Surely the last thing she needs is an analgesic containing caffeine. The logical choice is Phenaphen with Codeine. It provides a quarter grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can control the pain more effectively. It's no accident that the Phenaphen formulations contain a sedative rather than a stimulant. Don't you agree, Doctor, that psychic overlay is an important factor in most of the accident cases you see?

Phenaphen[®] with Codeine

Phenaphen with Codeine Nos. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Hyoscyamine sulfate, 0.031 mg.; Codeine phosphate, ¼ gr. (No. 2), ½ gr. (No. 3), or 1 gr. (No. 4) (warning: may be habit forming). **Indications:** Provides relief in severer grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

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'head clear upon arising'

For upper respiratory allergies and infections including the common cold, Dimetapp Extentabs® effectively relieve the stuffiness, drip and congestion all night and all day long on just one Extentab every 12 hours. For most patients drowsiness or overstimulation is unlikely.

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A·H·ROBINS

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Dimetapp Extentabs®

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

Dimetapp Extentabs®

INDICATIONS: Dimetapp Extentabs are indicated for symptomatic relief of allergic manifestations of upper respiratory illnesses, such as the common cold, seasonal allergies, sinusitis, rhinitis, conjunctivitis and otitis. In these cases it quickly reduces inflammatory edema, nasal congestion and excessive upper respiratory secretions, thereby affording relief from nasal stuffiness and postnasal drip.

CONTRAINDICATIONS: Hypersensitivity to antihistamines of the same chemical class. Dimetapp Extentabs are contraindicated during pregnancy and in children under 12 years of age. Because of its drying and thickening effect on the lower respiratory secretions, Dimetapp is not recommended in the treatment of bronchial asthma. Also, Dimetapp Extentabs are contraindicated in concurrent MAO inhibitor therapy.

WARNINGS: *Use in children:* In infants and children particularly, antihistamines in overdosage may produce convulsions and death.

PRECAUTIONS: Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations requiring alertness such as driving an automobile, operating machinery, etc. Patients receiving antihistamines should be warned against possible additive effects with CNS depressants such as alcohol, hypnotics, sedatives, tranquilizers, etc.

ADVERSE REACTIONS: Adverse reactions to Dimetapp Extentabs may include hypersensitivity reactions such as rash, urticaria, leukopenia, agranulocytosis and thrombocytopenia; drowsiness, lassitude, giddiness, dryness of the mucous membranes, tightness of the chest, thickening of bronchial secretions, urinary frequency and dysuria, palpitation, hypotension/hypertension, headache, faintness, dizziness, tinnitus, incoordination, visual disturbances, mydriasis, CNS-depressant and (less often) stimulant effect, anorexia, nausea, vomiting, diarrhea, constipation, and epigastric distress.

HOW SUPPLIED: Light blue Extentabs in bottles of 100 and 500.

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EMERGENCY ROOM DOCTOR—\$40,000 plus malpractice insurance coverage, plus fringes. Additional earnings may be available also. Desert area close to Palm Springs. Write Administrator, Hi-Desert Hospital, Yucca Valley, Ca. 92284.

COLLEGE STUDENT HEALTH CENTER needs permanent 10-month physician beginning September, 1971, to work September through June. College located about 50 miles north of San Francisco in rural setting. Salary negotiable. Contact Thomas R. Plowright, M.D., Director, Student Health Service, Sonoma State College, Rohnert Park, California 94928. Phone (707) 795-2383.

PHYSICIANS NEEDED IMMEDIATELY—GPs, Ob-Gyn, Internist, Pediatrician wanted to staff HEW-funded Migrant Health Center and EOE-funded Family Planning clinics in Kern County. \$25,000. Contact KCLM Health Committee, 226½ Bernard Street, Bakersfield, Ca. 93305. (805) 322-4027.

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\$899 JAPAN-HONG KONG TOUR 17 DAYS. Includes roundtrip airfares, based on flight 100% filled, plus first class hotels, sightseeing, certain meals, admissions, transfers, tips and other services. Except for certain meals, you need not spend one cent more for anything because our program is complete. With us, you enjoy Japan-Hong Kong, not just arrive there.

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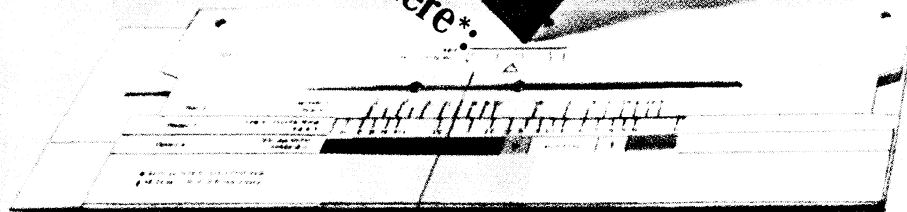
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(Continued on Page 21)

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*in the euthyroid zone
of the new Free
Thyroxine Index** with
full replacement dosage.

Euthroid (liotrix) yields reliable, easily interpreted test values

Because Euthroid incorporates both active fractions of endogenous thyroid— T_4 and T_3 —it overcomes the need for special interpretation of thyroid function test values.

Moreover, whatever the therapy used, ordinary tests can be thrown off by such factors as abnormal thyroid-binding protein levels, oral contraceptive use and pregnancy. A new method of assessment—the Free Thyroxine Index (FTI)**—helps eliminate these errors. By relating measurements of total and protein-bound T_4 , the FTI indicates your patient's status precisely. And with Euthroid, the precision of your diagnosis is matched by the precision of your therapy.

Closest in clinical effect to human endogenous thyroid

Euthroid provides both T_4 and T_3 in the optimum oral ratio of 4:1 by weight and in proper mcg amounts, closely simulating endogenous thyroid in clinical effect. Dose response can be assessed unequivocally through use of the FTI—and because we want you to put Euthroid to the test with this most rigorous of tests, we offer you an aid to easier determination:

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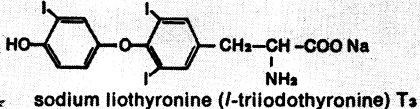
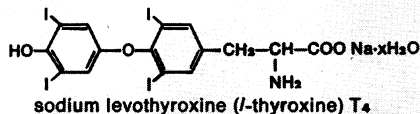
sodium levothyroxine (T_4)
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**Clark, F., and Horn, D. B.: Assessment of thyroid function by the combined use of the serum protein-bound iodine and resin uptake of ^{125}I -triiodothyronine, J. Clin. Endocrinol. 25:39 (Jan.) 1965.

Euthroid® (liotrix)

Caution: Federal law prohibits dispensing without prescription.

Euthroid is synthetic microcrystalline sodium levothyroxine (T_4) USP and synthetic microcrystalline sodium liothyronine (T_3) USP combined in a constant 4:1 ratio.



Actions: Euthroid provides replacement therapy for the thyroactive material normally supplied by the human thyroid. The normal thyroid gland produces and stores thyroglobulin, the active components of which are two metabolically active hormones: l-thyroxine and liothyronine. Euthroid (liotrix) provides a combination of these hormones in purified, synthetic form, supplied in a constant 4:1 ratio in order to simulate as closely as possible the physiologic and metabolic effects of normal endogenous thyroid secretions.

In contrast with the individual synthetic, metabolically active hormones, Euthroid will usually produce normal results for PBI, T_3 , and other thyroid function tests—consistent with clinical progress—when persons with endogenous thyroid deficiencies are made euthyroid. Sodium liothyronine (T_3) acts more rapidly and for a shorter period of time than preparations of biological origin. Customarily, its use as a single agent produces inappropriately decreased PBI values. Sodium levothyroxine (T_4), on the other hand, is more tightly bound by plasma protein fractions and is somewhat slower acting than sodium liothyronine (T_3); its use as a single agent tends to produce inappropriately elevated PBI values. Euthroid, with its unvarying 4:1 ratio of T_4/T_3 , permits interpretation of appropriate laboratory tests consistent with the total clinical status of the patient.

Indications: Euthroid (liotrix) provides thyroid replacement therapy in all conditions of inadequate production of thyroid hormones,

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- 1) Hypothyroidism, including cretinism and myxedema.
- 2) Simple (nontoxic) goiter.
- 3) Subacute or chronic thyroiditis including Hashimoto's disease.
- 4) Prevention of goiter in hyperthyroid patients undergoing treatment with thiouracil derivatives.

5) Usage in patients who may manifest intolerance to thyroid products of animal origin.

Contraindications: Acute myocardial infarction, adrenal insufficiency, hypersensitivity to any component of this drug.

Warnings: Liotrix should not be used in the presence of cardiovascular disease unless thyroid replacement therapy is clearly indicated. If the latter exists, low doses should be instituted (Euthroid-1/2 or Euthroid-1) and increased by the same amount in increments at 2-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out and adrenal deficiency due to hypopituitarism corrected before liotrix therapy is started.

If hypothyroidism and adrenal insufficiency exist concomitantly, cortisone or similar steroids should be given at dose levels sufficient to correct the adrenal insufficiency before attempting replacement therapy with thyroid hormones.

Likewise, the possibility of alterations in the prothrombin time must be considered and closely monitored in patients on anticoagulant therapy.

Myxedematous patients are very sensitive to thyroid hormones, and dosage should be started at a very low level and increased gradually.

Precautions: Hypothyroid patients are especially sensitive to thyroid preparations, and those with severe hypothyroidism may be unusually so.

Initiation of thyroid replacement therapy in patients with diabetes must be carefully monitored because of potential fluctuation in daily insulin or oral hypoglycemic requirements.

As with all thyroid preparations, this drug will alter the results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage of thyroid preparations can produce signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Initial dosage should be low and gradually increased at 2-week intervals until the desired clinical response is obtained.

Laboratory criteria of euthyroidism include a PBI of 3.5 to 8 mcg; T_3 , T_4 , and BEI tests are useful.

For most patients, a single daily dose of Euthroid-1, -2, or -3 will maintain euthyroidism. Transfer of a patient from a maintenance dose of another thyroid preparation to Euthroid can usually be effected smoothly. See table for initiating therapy or converting from other thyroid preparations.

Euthroid (liotrix)	Tablet	Approximate Equivalents			
		Natural	Synthetic		
		T_4^*/T_3^{**} USP mcg	T_4^*	T_3^{**}	
Euthroid-1/2 pale orange	(30/7.5)	1/2 grain	.05 mg	12.5 mcg	
Euthroid-1 light brown	(60/15)	1 grain	.1 mg	25.0 mcg	
Euthroid-2 violet	(120/30)	2 grains	.2 mg	50.0 mcg	
Euthroid-3 gray	(180/45)	3 grains	.3 mg	75.0 mcg	

* T_4 =sodium levothyroxine (l-thyroxine)

** T_3 =sodium liothyronine (l-triiodothyronine)

Dosage for cretinism or severe hypothyroidism in children is the same as for adults with myxedema. Eventual maintenance dosage in the growing child may be higher than in the adult.

Overdosage: Symptoms—Headache, instability, nervousness, sweating, tachycardia, and unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm; chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

Treatment—Shock—Supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.

Supplied: Square W/C monogrammed tablets of four potencies, each identified by a different color (see table); bottles of 100 and 1000.

E-GP-11-40

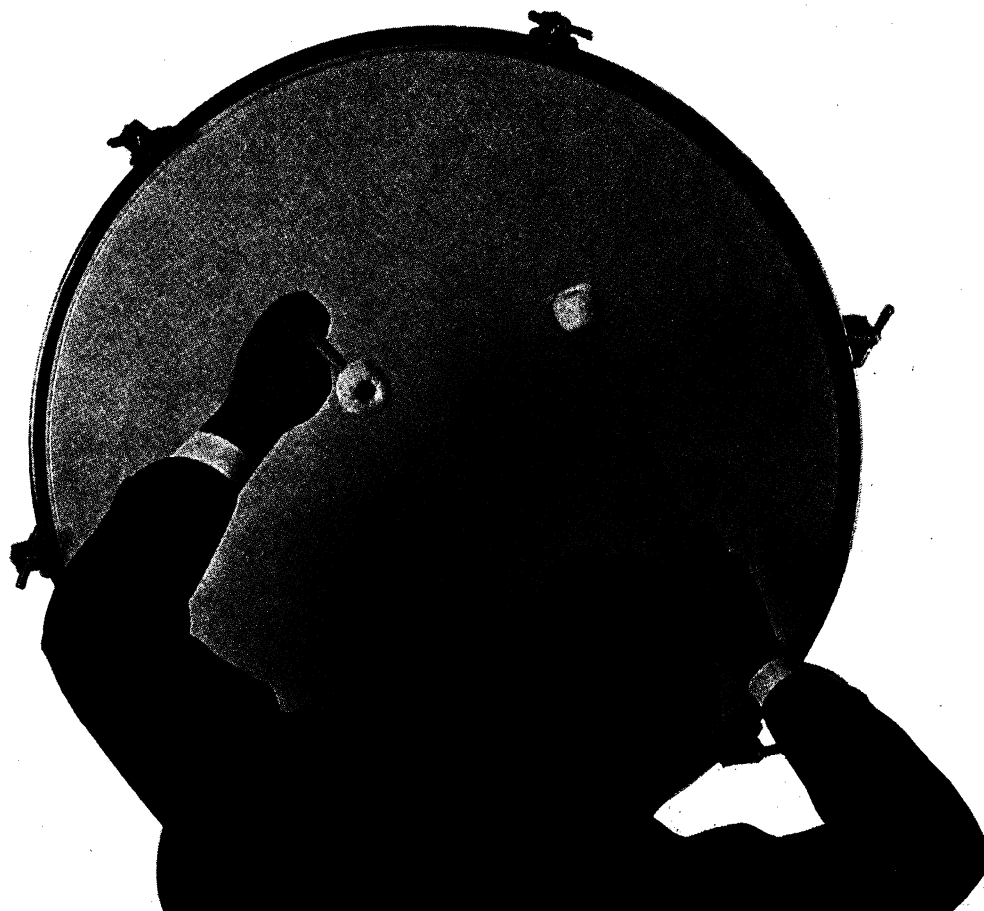


WARNER-CHILCOTT Morris Plains, N.J. 07950

To request your Euthroidex™ calculator (with booklet explaining its use and rationale for the FTI), just write "Euthroidex" on your imprinted card, prescription blank or stationery, and mail to Warner-Chilcott, Morris Plains, N.J. 07950.



Amid all the clamor about coexisting anxiety and depression,



may we slip in a quiet word for Aventyl® HCl
Nortriptyline Hydrochloride

Certainly, it's often a dual problem. Anxiety and depression do coexist—and often.

However, when experience, education, and good judgment lead physicians to a diagnosis of depression, many of them turn to Aventyl HCl.

when it's depression

AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE



000686

Please see next page for prescribing information.

AVENTYL® HCl

NORTRIPTYLINE HYDROCHLORIDE

when it's depression

Indications: Aventyl® HCl (nortriptyline hydrochloride, Lilly) is indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

Contraindications: The use of Aventyl HCl or other tricyclic antidepressants concurrently with a monoamine oxidase (MAO) inhibitor is contraindicated. Hyperpyretic crises, severe convulsions, and fatalities have occurred when similar tricyclic antidepressants were used in such combinations. Discontinue the MAO inhibitor for at least two weeks before treatment with Aventyl HCl. Patients hypersensitive to Aventyl HCl should not be given the drug.

Cross-sensitivity between Aventyl HCl and other dibenzazepines is a possibility. Aventyl HCl is contraindicated during the acute recovery period after myocardial infarction.

Warnings: Cardiovascular patients should be supervised closely because of the tendency of Aventyl HCl to produce sinus tachycardia and to prolong the conduction time. Myocardial infarction, arrhythmia, and strokes have occurred. The antihypertensive action of guanethidine and similar agents may be blocked. Because of its anticholinergic activity, Aventyl HCl should be used with great caution in patients who have glaucoma or a history of urinary retention. Patients with a history of seizures should be followed closely, inasmuch as this drug is known to lower the convulsive threshold. Great care is required if Aventyl HCl is given to hyperthyroid patients or to those receiving thyroid medication, since cardiac arrhythmias may develop.

Usage in Pregnancy: Safe use of Aventyl HCl during pregnancy and lactation has not been established; therefore, the potential benefits of administration to pregnant patients, nursing mothers, or women of childbearing potential must be weighed against the possible hazards.

Usage in Children: This drug is not recommended for use in children, since safety and effectiveness in the pediatric age group have not been established.

Aventyl HCl may impair the mental and/or physical abilities required for the performance of hazardous tasks, such as operating machinery or driving a car; therefore, the patient should be warned accordingly.

Precautions: Aventyl HCl in schizophrenic patients may result in an exacerbation of the psychosis or may activate latent schizophrenic symptoms. In overactive or agitated patients, increased anxiety and agitation may occur. In manic-depressive patients, Aventyl HCl may cause symptoms of the manic phase to emerge.

Troublesome patient hostility may be aroused by the use of Aventyl HCl. Epileptiform seizures may accompany its administration, as is true of other drugs of its class.

Close supervision and careful adjustment of the dosage are required when Aventyl HCl is used with other anticholinergic drugs and sympathomimetic drugs.

The patient should be informed that the response to alcohol may be exaggerated. When necessary, the drug may be administered with electroconvulsive therapy, although the hazards may be increased. Discontinue the drug for several days, if possible, prior to elective surgery.

Because the possibility of a suicidal attempt by a depressed patient remains after the initiation of treatment, dispense the least possible quantity of drug at any given time.

Both elevation and lowering of blood sugar levels have been reported.

Adverse Reactions: Note: Included in the following list are a few adverse reactions that have not been reported with this specific drug. However, the pharmacologic similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when nortriptyline is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia, panic, and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; in-co-ordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alteration in EEG patterns; tinnitus.



Anticholinergic: Dry mouth and, rarely, associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (general or of face and tongue), drug fever, cross-sensitivity with other tricyclic drugs.

Hematologic: Bone-marrow depression, including agranulocytosis; eosinophilia; purpura; thrombocytopenia.

Gastro-Intestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, blacktongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency, nocturia; drowsiness, dizziness, weakness, and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though these are not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache, and malaise.

Administration and Dosage: Aventyl HCl is not recommended for children.

Aventyl HCl is administered orally in the form of Pulvules® or liquid. Lower than usual dosages are recommended for elderly patients, adolescents, and outpatients not under close supervision. Start dosage at a low level and increase gradually, noting carefully the clinical response and any evidence of intolerance. Following remission, maintenance medication may be required for a longer period at the lowest effective dose.

If a patient develops minor side-effects, reduce the dosage. Discontinue the drug promptly if serious adverse effects or allergic manifestations occur.

Usual Adult Dose:—25 mg. three or four times daily; dosage should begin at a low level and be increased as required. Doses above 100 mg. per day are not recommended.

Elderly and Adolescent Patients:—30 to 50 mg. per day, in divided doses.

Overdosage: Toxic overdosage may result in confusion, restlessness, agitation, vomiting, hyperpyrexia, muscle rigidity, hyperactive reflexes, tachycardia, ECG evidence of impaired conduction, shock, congestive heart failure, stupor, coma, and C.N.S. stimulation with convulsions followed by respiratory depression. Deaths have occurred following overdosage with drugs of this class.

No specific antidote is known. General supportive measures are indicated, with gastric lavage. Respiratory assistance is apparently the most effective measure when indicated. The use of C.N.S. depressants may worsen the prognosis.

Barbiturates for control of convulsions alleviate an increase in the cardiac work load but should be used with caution to avoid potentiation of respiratory depression.

Intramuscular paraldehyde or, preferably, diazepam provides anticonvulsant activity with less respiratory depression than do the barbiturates.

Digitalis and/or pyridostigmine may be considered in serious cardiovascular abnormalities or cardiac failure.

The value of dialysis has not been established.

How Supplied: Liquid Aventyl® HCl (nortriptyline hydrochloride, Lilly), 10 mg. (equivalent to base) per 5 mL., in pint bottles.

Pulvules Aventyl® HCl (Nortriptyline Hydrochloride Capsules, N.F.), 10 and 25 mg. (equivalent to base), in bottles of 100 and 500.

[100970A]

Additional information available to the profession on request.

Eli Lilly and Company
Indianapolis, Indiana 46206

Lilly

(Continued from Page 15)

ANESTHESIOLOGISTS—Tired of Quakes??? A progressive 200-bed private practice specialty hospital in Houston, Texas, is seeking Chief of Anesthesiology. Fee for service basis. Contact Stephen B. Collins, (713) 782-9515, ext. 221. 9200 Westheimer Road, Houston, Texas 77042.

GENERAL PRACTITIONER desires another GP or Internist to share 1600 sq. ft. air conditioned office, located in Rheem Valley, Calif.; 15 minutes from Oakland-Berkeley, and 30 minutes from San Francisco. Good hospitals nearby; excellent schools in rapidly growing suburban area. Write 342 Park Street, Moraga, Ca. 94556, or call (415) 376-5115.

WANTED: One or two physicians, 30-50, by four-man general practice group in Sierra Foothills. Ample time off. Lab and X-ray. Two open-staff general hospitals and two convalescent hospitals in town. Good climate, good schools, all sports. \$2,000/month plus percentage, leading to full partnership in three years. Address replies to: John J. FitzGerald, M.D., 905 Spring St., Placerville, Ca. 95667, or call collect (916) 622-0440.

ACTIVE GENERAL HOSPITAL has opening for General Practitioners with some surgical and emergency experience. Attractive community, central California, easy drive to mountain parks or Pacific Ocean. California license required. Contact: Administrator, Kings General Hospital, Hanford, Ca. 93230. (209) 582-3211.

ASSISTANT PUBLIC HEALTH DIRECTOR. Newly created position to assist County Health Officer in administration of total county health program, conduct clinics and participate in community health programs, act as liaison with other private and public agencies. Require valid California M.D. license and at least two years of public health or related experience. Salary to \$2,076 per month depending upon qualifications. Contact: Irena Heindl, M.D.M.P.H., Director of Public Health, P.O. Box 1100, Chico, Ca. 95926. (916) 343-4211.

LOOKING FOR AN EXCITING EXPERIENCE? Want to be where the action is? Be a summer-house staff physician to 2,000 collegians training to revolutionize the world for Jesus Christ. Are you semi-retired looking for permanent part-time practice? (California license required.) Medical Director, Campus Crusades for Christ, Arrowhead Springs, San Bernardino, Ca. 93403.

GP, INTERNIST, physical medicine interest, pediatrician needed in new, well-established small clinic, modern physical and hydrotherapy department in connection, near six hospitals, laboratories, pharmacies, in medical center of rapidly expanding California central valley urban area of 320,000 with numerous recreation opportunities. Share reception area. Illness demands. Box 9258, Calif. Med.

ANTIOCH—Contra Costa County: Congenial group, located near San Francisco, seeking GP who has completed military obligation. Predominately office practice with minor surgery (if desired), no OB, good hours (40-hour week), limited night calls, annual educational leave and vacation, consults easily accessible, liberal fringe benefits, weekly clinical conference (with specialists). Salary to start, with annual increases leading to partnership (if mutually acceptable). Contact: Charles M. Woods, M.D., The Permanente Medical Group, 3400 Delta Fair Boulevard, Antioch, Ca. 94509.

PSYCHIATRIST needed for developing comprehensive community-oriented psychiatric service in conjunction with 300-bed accredited General Hospital in Sault Ste. Marie, Ontario. Metropolitan population 80,000 with ideal recreational and educational facilities. Apply Medical Director, Sault Ste. Marie, General Hospital, Sault Ste. Marie, Ontario, Canada.

CALIFORNIA, SAN JOSE—Emergency Room Physician wanted to organize and assume directorship of a corporate physician group providing Emergency Medical Services to two emergency units at our 728-bed health center. Experience desirable. Apply: John C. Aird, Associate Administrator, San Jose Hospitals and Health Center, Inc., 675 East Santa Clara Street, San Jose, Ca. 95114. (415) 292-3212.

FOR SALE

SALE/LEASEBACK to present owner, 40 ft. luxurious houseboat. Buys itself out of tax savings. 2 decks, 2 bedrooms, 2 baths, sauna. All electric kitchen. Dishwasher, washer, dryer. Peaceful beautiful view. Very relaxing! \$23,500 or \$21,500 unfurnished. Seven-year bank financing. Excellent depreciation. Call (415) 332-5678 or Box 1105, Sausalito, Ca. 94965.

(Continued on Page 39)



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tetracycline-nystatin
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...none is lower priced

TETRACYCLINE HCl 25 mg. NYSTATIN 25,000 U./cc.



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374-1

They all have two things in common: they have monilial vaginitis;



CANDEPTIN now gives you complete therapeutic flexibility.

It is the specific high potency antimonilial agent which provides superior effectiveness. And there is at least one dosage form to meet every patient's individual needs and/or preference.

CANDEPTIN — more advantages for your patients...

It's fast—prompt symptomatic relief of itching, burning, candidiasis discharge and malodor in 48-72 hours; usually cures completely in a single 14-day course of therapy.

It's safe—no side effects, clinical reports of irritation or sensitization have been extremely rare; exact dosage can be assured.^{5,6}

It's convenient—easy to use in all forms, encourages patient acceptance and cooperation; therapy can be started in your office.

It's clinically proven—Candididin is significantly more potent in vitro than nystatin,¹ and has a record of cure rates of 90% and more in pregnant and non-pregnant patients.^{2,3,4} In two recent studies, both involving gravid and non-gravid patients, a 100% culture-confirmed cure rate was achieved with 14 days of therapy.^{5,6}

CANDEPTIN (candidin) Vaginal Tablets, Vaginal Ointment, and ... new VAGELETTES™

Now Vagelettes offer a unique new dosage form—candidin ointment in a soft gelatin capsule—for virtually unlimited application. With Candepatin in three forms, your range of therapy has been extended to meet even those previously difficult-to-treat Candida cases.

☐ For the young patient—cut off the tip of the narrow soft end of the Candepatin Vagelette and extrude contents through the intact hymen.

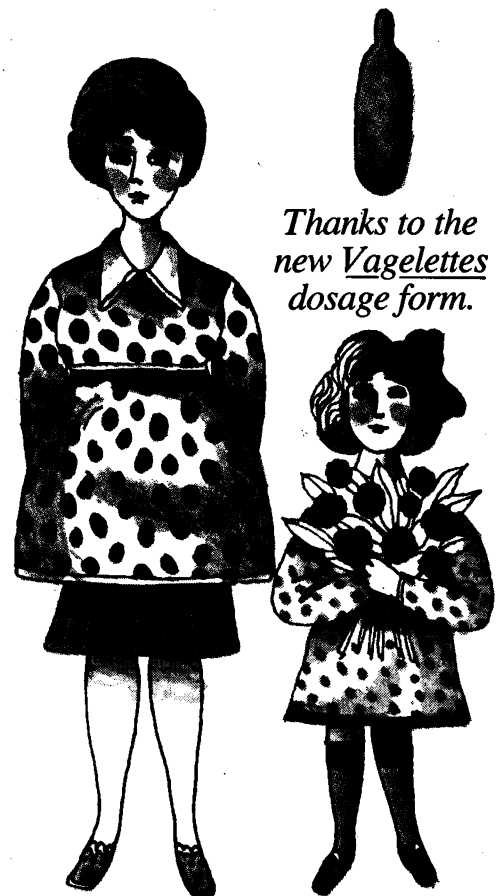
☐ For the gravid patient—easy manual insertion without the need for an applicator or inserter for intravaginal use.

☐ For the multiple needs of all your patients—topical application for labial involvement, intravaginal use to treat mucosal infestation.

References: 1. Lechevalier, H.: Antibiotics Annual 1959-1960. New York, Antibiotica Inc., 1960. pp. 614-618. 2. Olsen, J.R.: Journal-Lancet 85:287 (July) 1965. 3. Giorlando, S.W., Torres, J.F., and Muscillo, G.: Am. J. Obst. & Gynec. 90:370 (Oct. 1) 1964. 4. Friedel, H.J.: Maryland M.J., 15:36 (Feb.) 1966. 5. Giorlando, S.W.: to be published 1971. 6. Decker, A.: Case Reports on File, Medical Department, Julius Schmid.

they can now be cured with **Candeptin**.

Even these two.



Thanks to the
new *Vagelettes*
dosage form.

CANDEPTIN®

Candicidin Vaginal Tablets, Ointment, VAGELETTES™

Description: Candeptin (candicidin) Vaginal Ointment contains a dispersion of candicidin powder equivalent to 0.6 mg. per gm. or 0.06% Candicidin activity in U.S.P. petrolatum. 3 mg. of Candicidin is contained in 5 gm. of ointment or one applicatorful. Candeptin Vaginal Tablets contain Candicidin powder equivalent to 3 mg. (0.3%) Candicidin activity dispersed in starch, lactose and magnesium stearate. Candeptin Vagelettes contain 3 mg. of Candicidin activity dispersed in 5 gm. U.S.P. petrolatum.

Action: Candeptin Vaginal Ointment, Vaginal Tablets and Vagelettes possess anti-monomial activity.

Indications: Vaginitis due to *Candida albicans* and other candida species.

Contraindications: Contraindicated for patients known to be sensitive to any of its components. During pregnancy manual Tablet or Vagelette insertion may be preferred since the use of the ointment applicator or tablet inserter may be contraindicated.

Caution: During treatment it is recommended that the patient refrain from sexual intercourse or the husband wear a condom to avoid re-infection.

Adverse Reaction: Clinical reports of sensitization or temporary irritation with Candeptin Vaginal Ointment, Vaginal Tablets or Vagelettes have been extremely rare.

Dosage: One vaginal applicatorful of Candeptin Ointment or one Vaginal Tablet or one Vagelette is inserted high in the vagina

twice a day, in the morning and at bedtime, for 14 days. Treatment may be repeated if symptoms persist or reappear.

Available Dosage Forms: Candeptin Vaginal Ointment is supplied in 75 gm. tubes with applicator (14-day regimen requires 2 tubes). Candeptin Vaginal Tablets are packaged in boxes of 28, in foil with inserter — enough for a full course of treatment. Candeptin Vagelettes are packaged in boxes of 14. (14-day regimen requires 2 boxes).

Store under refrigeration to insure full potency.

Federal law prohibits dispensing without prescription.

Candeptin®
(candicidin) Vaginal Tablets/Ointment,
VAGELETTES™ Vaginal Capsules
depend on it as your agent of first choice



Innovators in Candicidin Therapy
Julius Schmid Pharmaceuticals
423 West 55th Street
New York, New York 10019

"The year-round ear"



Otitis externa isn't just a swimming season problem. Because all year 'round some ears are being abused with an astonishing variety of foreign objects.

Pencils, paper clips, toothpicks, hairpins—poked into the external ear canal—can disrupt the protective layer of cerumen, even the epithelial lining itself. And such disruption may be an important predisposing condition to otitis externa.

Whatever the cause of otitis externa—or time of year—Coly-Mycin S Otic is equipped to handle it. Its comprehensive formula contains colistin and neomycin to destroy the causative pathogens—gram-positive or gram-negative. Hydrocortisone to relieve itching and inflammation. And thonzonium bromide to help the other ingredients penetrate to the source of infection. So symptoms are alleviated promptly... usually within 24 hours. Any day of the year.

In otitis externa

Coly-Mycin® S Otic
with Neomycin and Hydrocortisone
(colistin sulfate—neomycin sulfate—
thonzonium bromide—hydrocortisone
acetate otic suspension)

The "year-round" otic for the "year-round" ear

COLY-MYCIN® S Otic with Neomycin and Hydrocortisone

(colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

Each ml contains: colistin base activity, 3 mg (as the sulfate); neomycin base activity, 3.3 mg (as the sulfate); hydrocortisone acetate, 10 mg (1%); thonzonium bromide, 0.5 mg (0.05%); polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative.

Indications: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear."

Contraindication: A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella.

Precautions: If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long-standing otitis media because of the possibility of ototoxicity caused by neomycin.

There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Adverse Reactions: A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances.

Administration and Dosage: After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using.

The recommended therapeutic dosage of Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension). The wick should be kept wet at all times.

The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided.

Supplied: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.



Warner-Chilcott, Morris Plains, N.J. 07950

CMA-GP-12-B & W

For Insomnia...
Noludar® 300
 (methyprylon)
 one capsule
 for the rest
 of the night



Before prescribing, please consult complete product information, a summary of which follows:

INDICATION: Relief of insomnia of varied etiology.

CONTRAINDICATIONS: Patients with known hypersensitivity to the drug.

WARNINGS: Caution patients about combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness, such as operating machinery or driving a motor vehicle shortly after ingesting the drug.

Physical and Psychological Dependence: Physical and psychological dependence rarely reported. If withdrawal symptoms do occur they may resemble those associated with withdrawal of barbiturates and should be treated in the same fashion. Use caution in administering to individuals known to be addiction-prone or those whose history suggests they may increase the dosage on their own initiative. Repeat prescriptions should be under adequate medical supervision.

Usage in Pregnancy: Weigh potential benefits in pregnancy, during lactation, or in women of child-bearing age against possible hazards to mother and child.

PRECAUTIONS: If sleeplessness is pain-related, an analgesic should also be prescribed. Perform periodic blood counts if used repeatedly or over prolonged periods. Total daily intake should not exceed 400 mg, as greater amounts do not significantly increase hypnotic benefits.

ADVERSE REACTIONS: At recommended dosages, there have been rare occurrences of morning drowsiness, dizziness, mild to moderate gastric upset (including diarrhea, esophagitis, nausea and vomiting), headache, paradoxical excitation and skin rash. There have been a very few isolated reports of neutropenia and thrombocytopenia; however, the evidence does not establish that these reactions are related to the drug.

Each capsule contains 300 mg of methyprylon.



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DOXIDAN[®] The Logical Laxative

To relieve constipation during pregnancy . . .



A time of circulatory stress

Doxidan gently relieves constipation in prepartum or postpartum patients and reduces the hemodynamic burdens of straining at stool.

gently . . . a highly effective fecal softener
predictably . . . a gentle peristaltic stimulant
economically . . . Doxidan costs less per effective dose*

Composition: Each capsule contains 50 mg. danthron N.F. and 60 mg. dioctyl calcium sulfosuccinate.

Dosage: Adults and children over 12—one or two capsules daily. Give at bedtime for two or three days or until bowel movements are normal.

Supplied: Bottles of 30, 100 (FSN 6505-074-3169) and 1000 (FSN 6505-890-1247).

DOXIDAN[®] The Logical Laxative



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PHARMACEUTICAL CO.
Somerville, N.J. 08876 U.S.A.

*based on actual drug store survey of prescribed dosages.

C-143

A
BUILDING BLOCK
TO RECOVERY



One tablet q.i.d.

Indications: When used as adjunctive therapy for the rapid resolution of inflammation and edema, good results have been obtained in:

- Accidental Trauma □ Postoperative Tissue Reactions.

Other conventional measures of treatment should be used as indicated. In infection, appropriate anti-infective therapy should be given.

Contraindications: ORENZYME BITABS should not be given to patients with a known sensitivity to trypsin or chymotrypsin.

Precautions: It should be used with caution in patients with abnormality of the blood clotting mechanism such as hemophilia, or with severe hepatic or renal disease. Safe use in pregnancy has not been established.

Adverse Reactions: Adverse reactions with ORENZYME have been reported infrequently. Reports include allergic manifestations (rash, urticaria, itching), gastrointestinal upset and increased speed of dissolution of animal-origin surgical sutures. There have been isolated reports of anaphylactic shock, albuminuria and hematuria. Increased tendency to bleed has also been reported but, in controlled studies, it has been seen with equal incidence in placebo-treated groups. (See Precautions.) It is recommended that if side effects occur medication be discontinued.

Dosage: One tablet q.i.d.

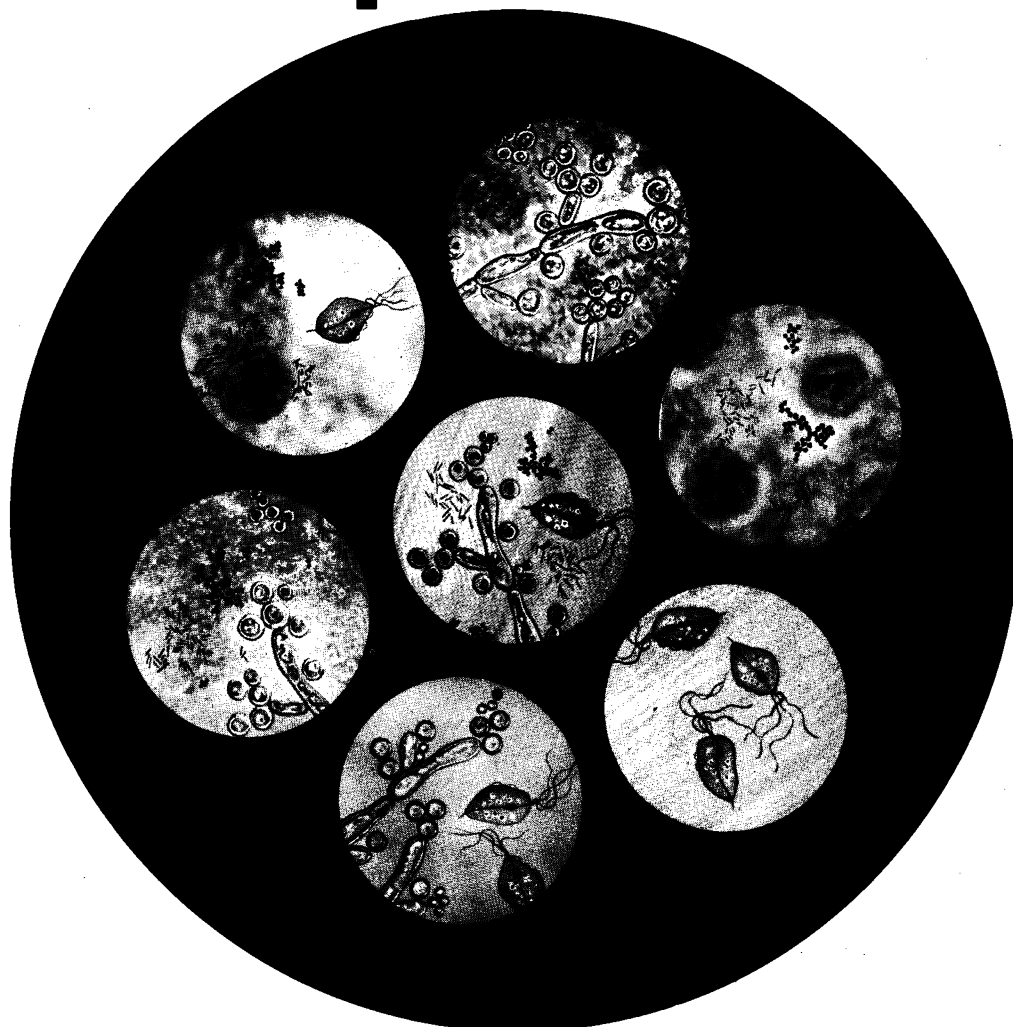
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PHILADELPHIA, PENNSYLVANIA 19144

TRADEMARK: BITABS U.S. PATENT NO. 3,004,993 9/70 Q-009A 161

Orenzyme® Bitabs

Trypsin: 100,000 N.F. Units, Chymotrypsin: 8,000 N.F. Units; equivalent in tryptic activity to 40 mg. of N.F. trypsin

The causes of vaginitis are multiple



Trichomonads... monilia... bacteria

You can depend on AVC—comprehensive therapy that combats all three major vaginal pathogens, alone or in combination.

AVC

Cream (aminacrine hydrochloride 0.2%, sulfanilamide 15.0%, allantoin 2.0%)

Suppositories (aminacrine hydrochloride 0.014 Gm., sulfanilamide 1.05 Gm., allantoin 0.14 Gm.)

Contraindications: Known sensitivity to sulfonamides.

Precautions/Adverse Reactions: The usual precautions for topical and systemic sulfonamides should be observed because of the possibility of absorption. Burning; increased local discomfort, skin rash, urticaria or other manifestations of sulfonamide toxicity are reasons to discontinue treatment.

Dosage: One applicatorful or one suppository intravaginally once or twice daily.

Supplied: Cream—Four-ounce tube with or without applicator. Suppositories—Box of 12 with applicator.

TRADEMARK: AVC AV-104 2/71 Y-149



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PHILADELPHIA, PENNSYLVANIA 19144

AVC

The treatment is singular

Mylanta[®] 24 million hours a day.

Through the day, every day,
ulcer patients take
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for relief of ulcer pain.

Mylanta

LIQUID ANTACID
aluminum and magnesium hydroxide, simethicone

Good taste = patient acceptance
Relieves G.I. gas distress
Non-constipating

*with the defoaming action of simethicone



PHARMACEUTICALS Division, Ciba-Geigy
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IN ASTHMA IN EMPHYSEMA

*optional
therapy*

THE mudranes

All Mudranes are bronchodilator-mucolytic in action, and are indicated for symptomatic relief of bronchial asthma, emphysema, bronchiectasis and chronic bronchitis. **MUDRANE tablets** contain 195 mg. potassium iodide; 130 mg. aminophylline; 21 mg. phenobarbital (Warning: may be habit-forming); 16 mg. ephedrine HCl. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline-phenobarbital-ephedrine combinations. **Iodide side-effects:** May cause nausea. Very long use may cause goiter. Discontinue if symptoms of iodism develop. **Iodide contraindications:** Tuberculosis; pregnancy (to protect the fetus against possible depression of thyroid activity). **MUDRANE-2 tablets** contain 195 mg. potassium iodide; 130 mg. aminophylline. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline. **Iodide side-effects and contraindications** are listed above. **MUDRANE GG tablets** contain 100 mg. glyceryl guaiacolate; 130 mg. aminophylline; 21 mg. phenobarbital (Warning: may be habit-forming); 16 mg. ephedrine HCl. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline-phenobarbital-ephedrine combinations. **MUDRANE GG-2 tablets** contain 100 mg. glyceryl guaiacolate; 130 mg. aminophylline. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions:** Those for aminophylline. **MUDRANE GG Elixir.** Each teaspoonful (5 cc) contains 26 mg. glyceryl guaiacolate; 20 mg. theophylline; 5.4 mg. phenobarbital (Warning: may be habit-forming); 4 mg. ephedrine HCl. **Dosage:** Children, 1 cc for each 10 lbs. of body weight; one teaspoonful (5 cc) for a 50 lb. child. Dose may be repeated 3 or 4 times a day. Adult, one tablespoonful, 4 times daily. All doses should be followed with $\frac{1}{2}$ to full glass of water. **Precautions:** See those listed above for Mudrane GG tablets.

MUDRANE—original formula

First choice

MUDRANE-2

*When ephedrine is too exciting
or is contraindicated*

MUDRANE GG

*During pregnancy or when K.I. is
contraindicated or not tolerated*

MUDRANE GG-2

A counterpart for Mudrane-2

MUDRANE GG ELIXIR

*For pediatric use
or where liquids are preferred*

*Clinical specimens
available to physicians.*

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Manufacturers of Ethical Pharmaceuticals



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Regutol is gentle. It works without laxative-type irritation. It enables the natural moisture in the colon to soften or prevent hard stools. There's no cramping or urgency. Just a comfortable return to easier, normal evacuation.

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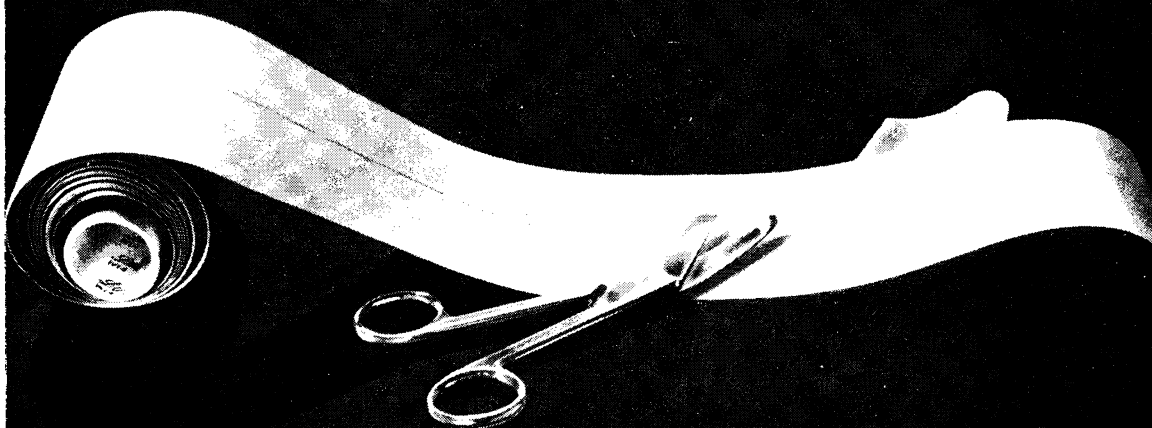
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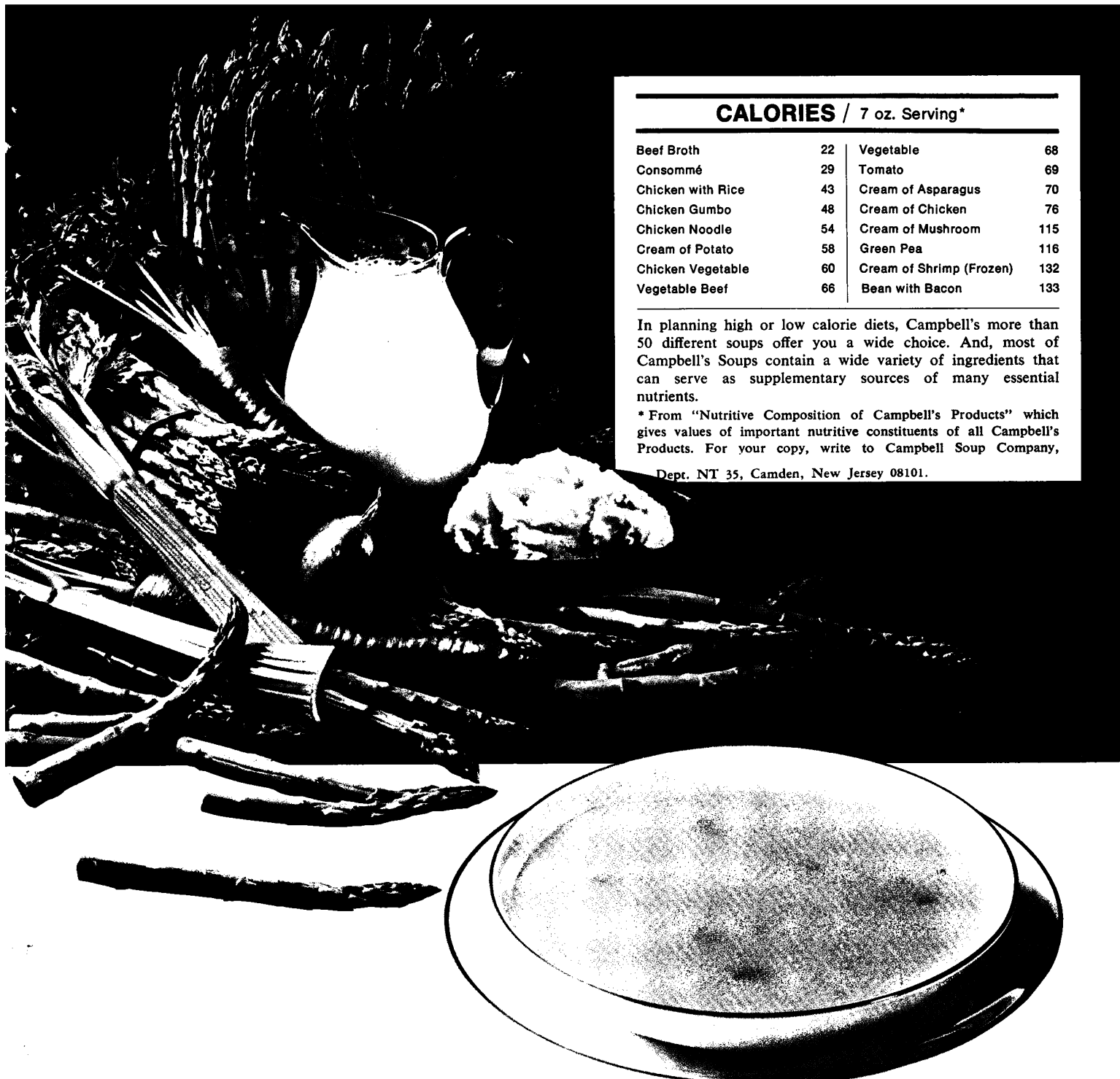
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Consommé	29	Tomato	69
Chicken with Rice	43	Cream of Asparagus	70
Chicken Gumbo	48	Cream of Chicken	76
Chicken Noodle	54	Cream of Mushroom	115
Cream of Potato	58	Green Pea	116
Chicken Vegetable	60	Cream of Shrimp (Frozen)	132
Vegetable Beef	66	Bean with Bacon	133

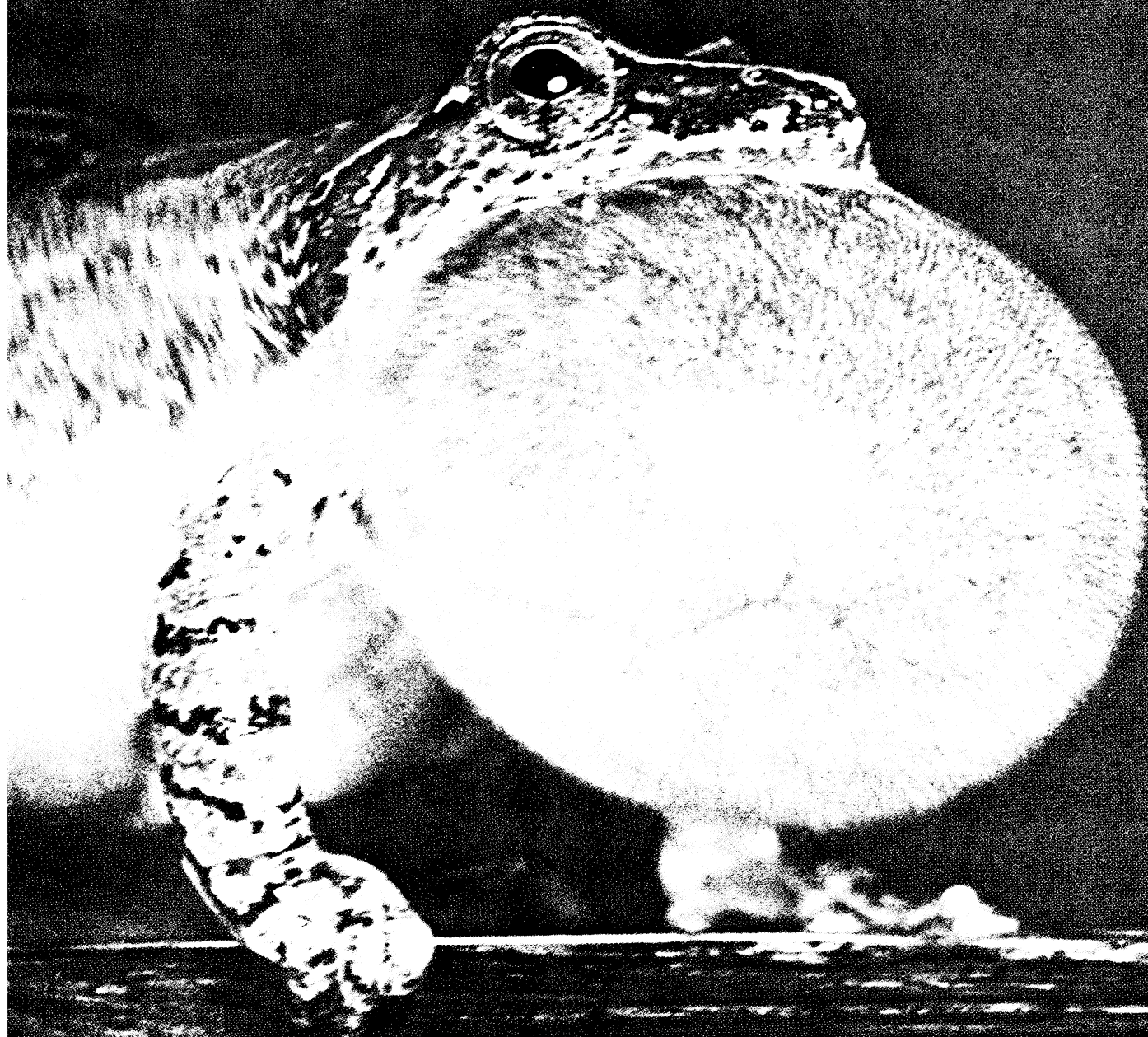
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and, it's made by *Campbell*

When irritable colon feels like this



...in the presence of spasm or hypermotility,
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provides more complete relief:

- ☐ belladonna alkaloids—for the hyperactive bowel
- ☐ simethicone—for accompanying distension and pain due to gas
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Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or uri-

nary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

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to move,
and the Latin *sedatus*,
to calm)

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antispasmodic/sedative/antiflatulent

Spring peeper (tree frog, *Hyla crucifer*):
this small amphibian can expand
its throat membrane with air until it is
twice the size of its head.

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Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ¼ oz. with ophthalmic tip.
Complete literature available on request from Professional Services Dept. PML.

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**For the
prevention
of the
gripping
pain of
angina**



Peritrate® SA

**Sustained Action
(pentaerythritol
tetranitrate) 80 mg**

**A logical choice for the
"new" patient with
angina pectoris.**

**See full prescribing information
on opposite page.**

Peritrate® SA

Sustained Action
(pentaerythritol
tetranitrate) 80 mg

Indications: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg is indicated for the relief of angina pectoris (pain associated with coronary artery disease). It is not intended to abort the acute anginal episode but is widely regarded as useful in the prophylactic treatment of angina pectoris. **Contraindications:** PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg is contraindicated in patients who have a history of sensitivity to the drug.

Warning: Data supporting the use of PERITRATE (pentaerythritol tetranitrate) during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents.

Precautions: Should be used with caution in patients who have glaucoma. Tolerance to this drug, and cross-tolerance to other nitrites and nitrates may occur.

Adverse Reactions: Side effects reported to date have been predominantly related to rash (which requires discontinuation of medication) and headache and gastrointestinal distress, which are usually mild and transient with continuation of medication. In some cases severe persistent headaches may occur. In addition, the following adverse reactions to nitrates such as pentaerythritol tetranitrate have been reported in the literature: (a) Cutaneous vasodilatation with flushing. (b) Transient episodes of dizziness and weakness, as well as other signs of cerebral ischemia associated with postural hypotension, may occasionally develop. (c) An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur, even with the usual therapeutic doses. Alcohol may enhance this effect.

Dosage: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg (b.i.d. on an empty stomach), 1 tablet immediately on arising and 1 tablet 12 hours later.

Supplied: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg, bottles of 100 and 1000 tablets.

Additional Dosage Forms: PERITRATE (pentaerythritol tetranitrate) 10 mg and 20 mg tablets with or without phenobarbital 15 mg, bottles of 100 and 1000 tablets. PERITRATE with Phenobarbital SA Sustained Action—pentaerythritol tetranitrate 80 mg and phenobarbital 45 mg, bottles of 100 and 1000 tablets.

Warning: Tablets containing phenobarbital may be habit forming. PERITRATE with Nitroglycerin—pentaerythritol tetranitrate 10 mg with nitroglycerin 0.3 mg, bottles of 50 tablets.



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Morris Plains, New Jersey 07950

PE-GP-11

(Continued from Page 21)

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ASSOCIATE in General Practice or Internal Medicine. I have modern 2-year-old office, built for 3 men, on grounds of modern 4-year-old hospital with complete facilities and ICU. I am 52, member of AAGP for 26 years. Woodland, Calif., is in rich Sacramento Valley with excellent general hunting and fishing. Only 20 minutes from Sacramento. (916) 662-8671.

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(Continued on Page 51)

**WHEN THICKENED MUCUS THREATENS IN
ASTHMA/BRONCHITIS/EMPHYSEMA...**

authorities assert:

**“Iodides in one form or another
are almost irreplaceable
for their expectorant action”.¹**

**“It is believed that a trial of
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**Rx the taste-free, convenient,
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Each Slosol coated tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. // tabs. t.i.d.

- Liquefies bronchial mucous
- Easily controlled dosage
- No respiratory depression
- Promotes useful coughs



FULL Rx INFORMATION

IODO-NIACIN®

TABLETS

INDICATIONS: The primary indication for Iodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to Iodo-Niacin and include:

RESPIRATORY DISEASE: The use of Iodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

RATIONALE: The signs and symptoms of pellagra, bromism, and iodism are similar in many respects and have been postulated by some investigators to be caused by the same mechanism: poisoning of coenzymes I and II. These enzymes are vital to cellular oxidative metabolism and are essential in the Krebs' cycle. Nicotinic acid is specific for the therapy of pellagra. Its use in the prevention or treatment of iodism follows from the above postulation: a source of replenishment of the pyridine ring structure in coenzymes I, and II.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

SIDE EFFECTS: Serious adverse side effects from the use of Iodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane ulceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued.

CAUTION: The causal relationship and exact mechanism of action of iodides of this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving Iodo-Niacin for prolonged periods.

HOW SUPPLIED: Cole's Iodo-Niacin® tablets available in bottles of 100, 500 and 1,000 Slosol coated pink.

REFERENCES:

1. Dworetzky, M.; The Dangers of Therapeutic Agents Used in the Treatment of Asthma, So. Med. J. 62:649, 1969.
2. Leonardy, J. G.; The Use of Iodides in Bronchial Asthma, So. Med. J. 61: 959, 1968

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SPEED

Speed — methamphetamine — is a very dangerous drug. Widespread abuse of the amphetamines is destroying more young minds in California than any other drug.

Drastic effects

A "speed binge" is one of the most physically and psychologically damaging experiences anyone can have. Over-activation of the nervous system is followed by acute depression and exhaustion. Impurities in the drug can kill.

Widely available

Speed is obtained from black market dealers. Often it is of poor quality. Contamination is frequent and produces injurious side effects, such as abscesses, blood poisoning and serum hepatitis from dirty needles.

What to do

According to volunteer clinical teams which include former drug users, there are three basic steps in coping with this dangerous drug situation:

First: Get the facts.


Second: Make a stand based on clinical evidence.

Third: Involve yourself, if the trend is to be reversed.

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**Drug Abuse
Information**

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Hurricane Camille dumped up to 31 inches of rain on Virginia's Blue Ridge Mountains the night of August 19-20, 1969. She had already devastated the Gulf Coast from Louisiana to Florida, halted her northward journey over Kentucky and Tennessee, then headed eastward over West Virginia and Virginia.
Cooperative Farmer

Emotional stress can be just as destructive to the individual as turbulent, ravaging flood waters are to land and property. Solfoton will contribute to the maintenance of a mental climate for purposeful living.

SEDATION WITHOUT DEPRESSION

EACH TABLET OR CAPSULE CONTAINS:

Phenobarbital 16 mg.

(Warning: may be habit-forming)

Bensulfoid (See PDR) 65 mg.

Precaution: same as 16 mg. phenobarbital

DOSAGE: One tablet or capsule every 6 hours will sustain mild sedation.

Available in three forms to satisfy prescribing circumstances:

TABLETS	100s	500s	5000s
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Federal law prohibits dispensing without prescription

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*Alginate*s in Gelusil-M Liquid...*mannitol* in Gelusil-M Tablets.

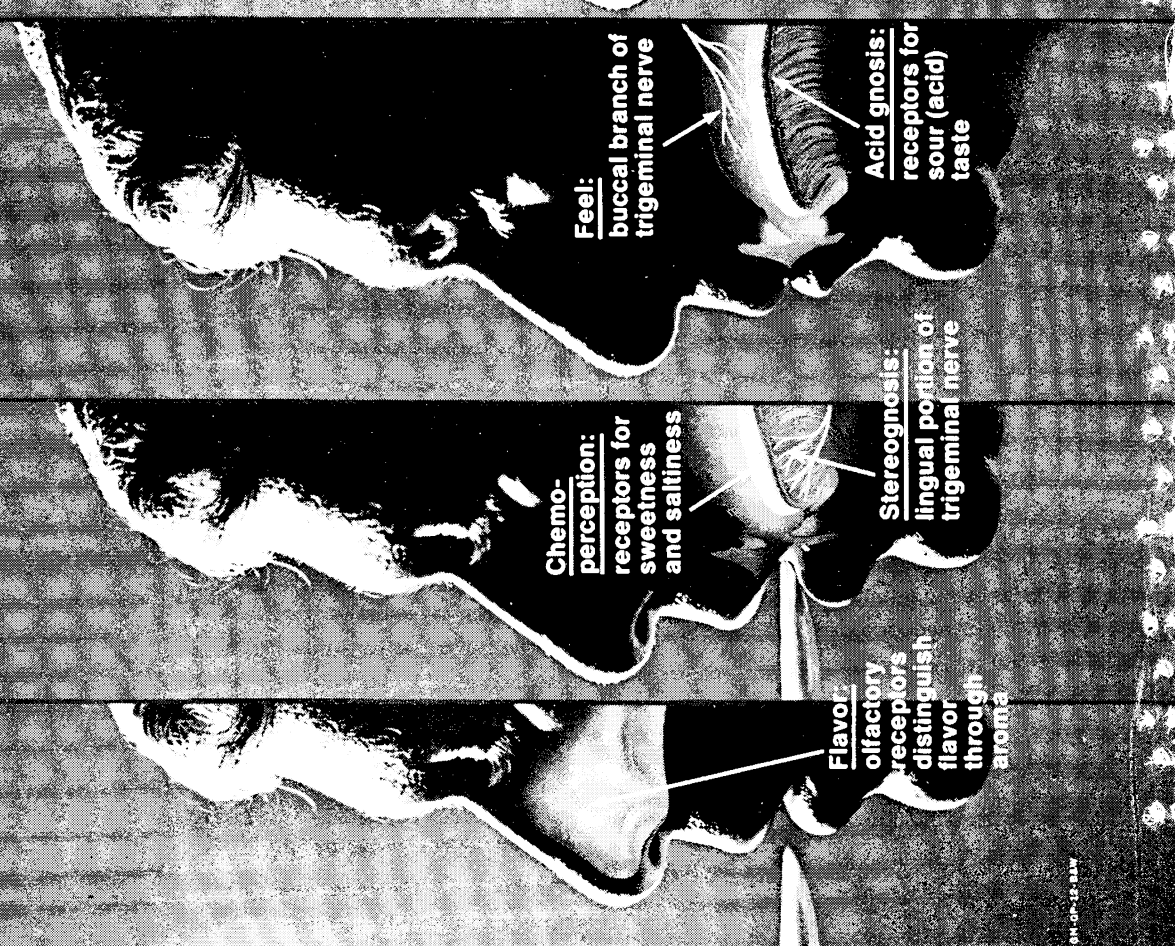
The result. No grittiness. No antacid aftertaste. Just pleasing satin-smooth mouthfeel. In addition to a refreshing spearmint flavor.

Your patients will appreciate the Gelusil-M difference.

Gelusil-M contains magnesium trisilicate, aluminum hydroxide (W/C) and magnesium hydroxide.

 WARNER-CHILCOTT, Morris Plains, New Jersey

A new feel in antacid taste
Gelusil-M
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receptors for
sweetness
and saltiness

Flavor:
olfactory
receptors
distinguish
flavor
through
aroma

Stereognosis:
lingual portion of
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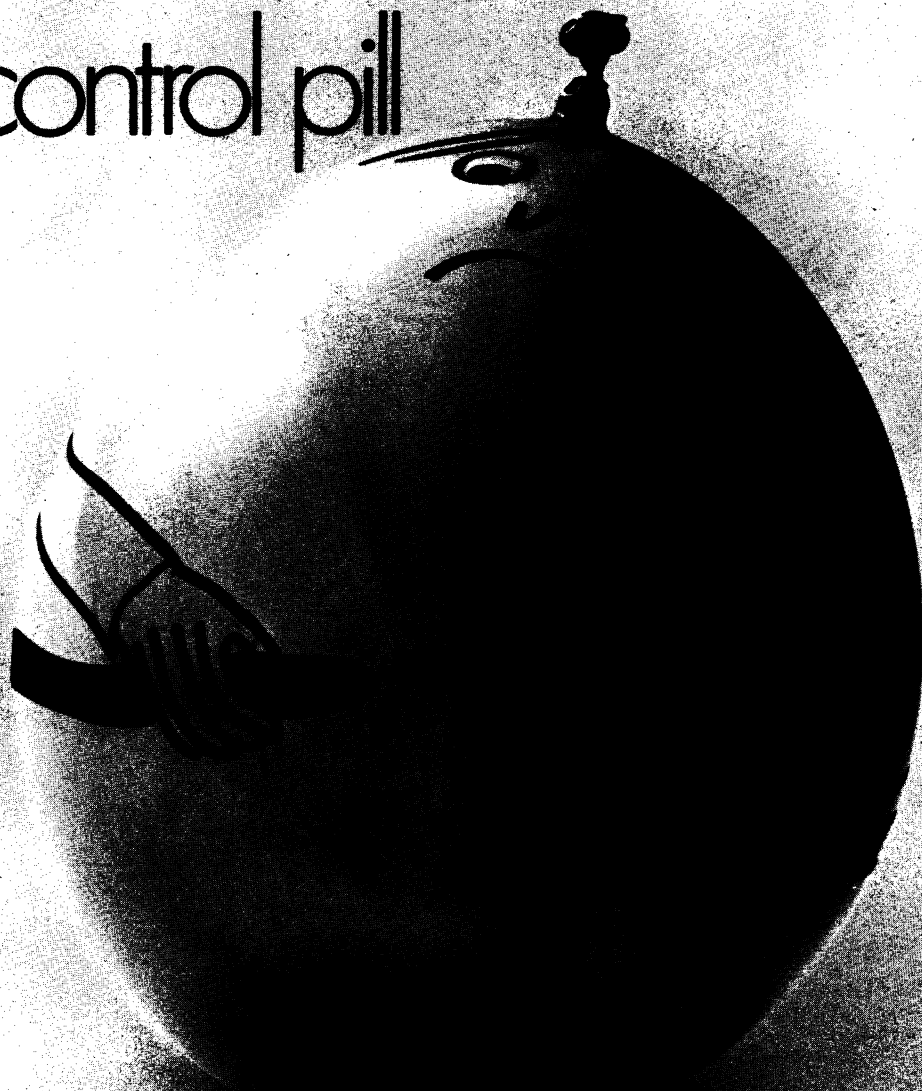
Texture:
palatine nerves

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bitter taste

Alkaloid gnosis:
lingual branch of
glossopharyngeal
nerve

Flavor:
superior laryngeal
branch of vagus
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The girth control pill



Tepanil® Ten-tab (continuous release form) (diethylpropion hydrochloride, N.F.)

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety,

and jitteriness. In contrast, CNS depression has been reported in a few patients; an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midafternoon to overcome night hunger. Use in children under 12 years of age is not recommended.

T-107/4/71/U.S. PATENT NO. 3,001,810



THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144



Painful night leg cramps...

unwelcome bedfellow for any patient—
including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information — Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.



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DIVISION OF RICHARDSON-MERRELL INC.
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QuinammTM

(quinine sulfate 260 mg., aminophylline 195 mg.)

Specific therapy for night leg cramps

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In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators¹⁻⁴ have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement^{2,4} and observation of clinical improvement.^{1,3}

Indications: Cerebrovascular insufficiency, arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebotic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine HCl 10 mg. and 20 mg. **Dosage:** Oral—10 to 20 mg. t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. Complete details available in product brochure from Mead Johnson Laboratories. **References:** 1. Clarkson, I. S., and LePere, D. M.: *Angiology* 11:190-192 (June) 1960. 2. Horton, G. E., and Johnson, P. C., Jr.: *Angiology* 15:70-74 (Feb.) 1964. 3. Dhrymotos, A. D., and Whittier, J. R.: *Curr. Ther. Res.* 4:124-128 (April) 1962. 4. Whittier, J. R.: *Angiology* 15:82-87 (Feb.) 1964.

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graphic analysis for T_4 and T_3 content and including testing in hypothyroid humans—Proloid is made as precise as the natural product can get, batch after batch.

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can get

Proloid[®]
(thyroglobulin)

the natural for precision

Proloid® (thyroglobulin)

Description: Proloid (thyroglobulin) is obtained from a purified extract of frozen hog thyroid. It contains the known calorimetrically active components, sodium levothyroxine (T_4) and sodium liothyronine (T_3). Proloid (thyroglobulin) conforms to the primary USP specifications for desiccated thyroid—for iodine based on chemical assay—and is also biologically assayed and standardized in animals.

Chromatographic analysis to standardize the sodium levothyroxine and sodium liothyronine content of Proloid (thyroglobulin) is routinely employed.

The ratio of T_4 and T_3 in Proloid (thyroglobulin) is approximately 2.5 to 1.

Proloid (thyroglobulin) is stable when stored at usual room temperature.

Indications: Proloid (thyroglobulin) is thyroid replacement therapy for conditions of inadequate endogenous thyroid production: e.g., cretinism and myxedema. Replacement therapy will be effective only in manifestations of hypothyroidism.

In simple (nontoxic) goiter, Proloid (thyroglobulin) may be tried therapeutically, in non-emergency situations, in an attempt to reduce the size of such goiters.

Contraindication: Thyroid preparations are contraindicated in the presence of uncorrected adrenal insufficiency.

Warnings: Thyroglobulin should not be used in the presence of cardiovascular disease unless thyroid-replacement therapy is clearly indicated. If the latter exists, low doses should be instituted beginning at 0.5 to 1.0 grain (32 to 64 mg) and increased by the same amount in increments at two-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out before the drug is administered. If hypopituitarism is present, the adrenal deficiency must be corrected prior to starting the drug.

Myxedematous patients are very sensitive to thyroid, and dosage should be started at a very low level and increased gradually.

Precaution: As with all thyroid preparations this drug will alter results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage may result in signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Optimal dosage is usually determined by the patient's clinical response. Confirmatory tests include BMR, T_3 131 I resin sponge uptake, T_3 131 I red cell uptake, Thyro Binding Index (TBI), and Achilles Tendon Reflex Test. Clinical experience has shown that a normal PBI (3.5-8 mcg/100 ml) will be obtained in patients made clinically euthyroid when the content of T_4 and T_3 is adequate. Dosage should be started in small amounts and increased gradually with increments at intervals of one to two weeks. Usual maintenance dose is 0.5 to 3.0 grains (32 to 190 mg) daily.

Instructions for Use: The following conversion table lists the approximate equivalents of other thyroid preparations to Proloid (thyroglobulin) when changing medication from desiccated thyroid, T_4 (sodium levothyroxine), T_3 (sodium liothyronine), or T_4/T_3 (liotrix).

Dose of Proloid (thyroglobulin)	Dose of desiccated thyroid	Dose of T_4 (sodium levothyroxine)	Dose of T_3 (sodium liothyronine)	Dose of liotrix (T_4/T_3)
1 grain	1 grain	0.1 mg	25 mcg	#1 (60 mcg/15 mcg)
2 grains	2 grains	0.2 mg	50 mcg	#2 (120 mcg/30 mcg)
3 grains	3 grains	0.3 mg	75 mcg	#3 (180 mcg/45 mcg)
4 grains	4 grains	0.4 mg	100 mcg	
5 grains	5 grains	0.5 mg	125 mcg	

In changing from Thyroid USP to Proloid (thyroglobulin), substitute the equivalent dose of Proloid (thyroglobulin). Each patient may still require fine adjustment of dosage because the equivalents are only estimates.

Overdosage Symptoms: Headache, instability, nervousness, sweating, tachycardia, with unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm. Chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

(Treatment: In shock, supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.)

How Supplied: $\frac{1}{4}$ grain; $\frac{1}{2}$ grain; scored 1 grain; $1\frac{1}{2}$ grain; 3 grain; and scored 5 grain tablets, in bottles of 100 & 1000; and scored 2 grain tablets in bottles of 100.

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(Continued from Page 39)

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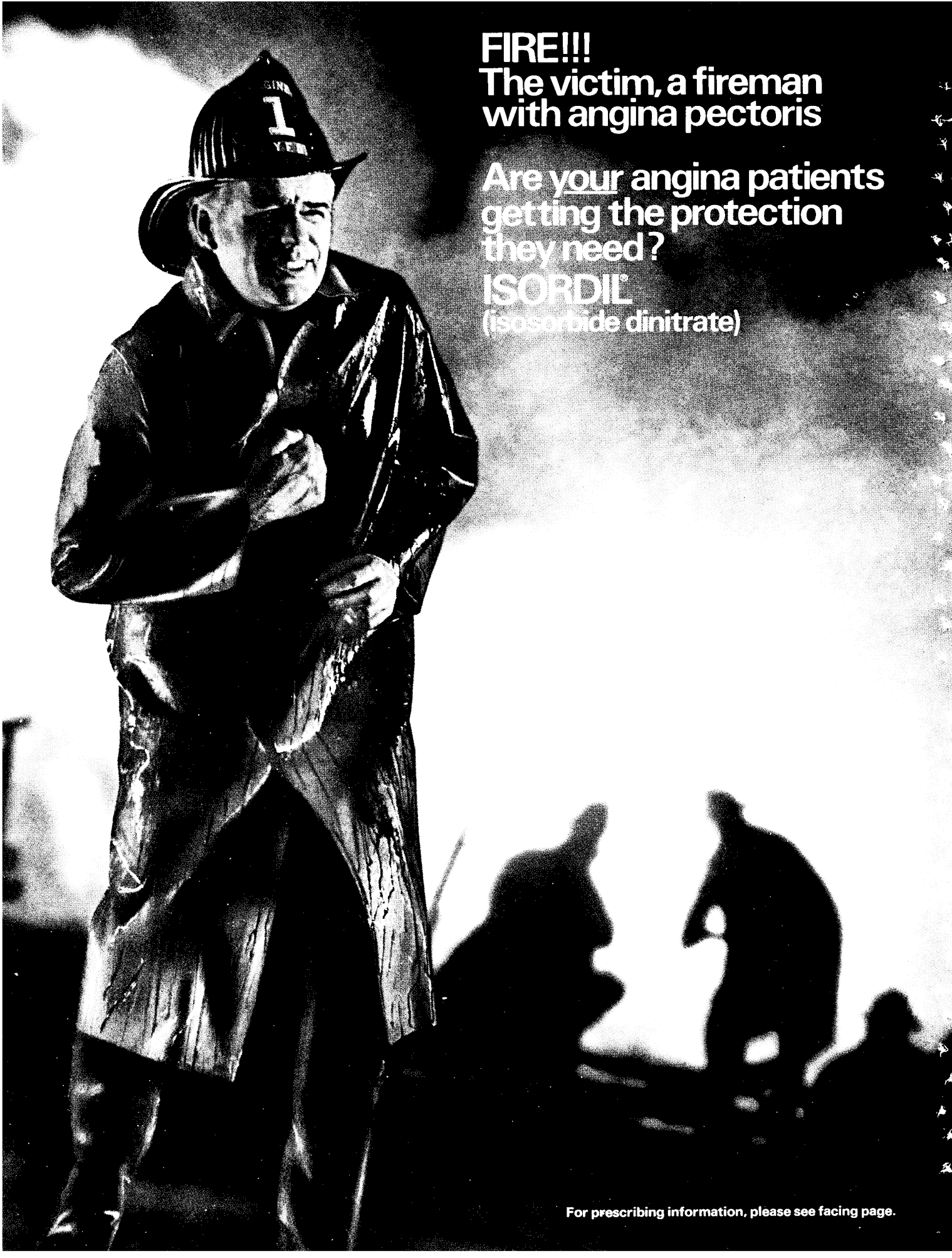
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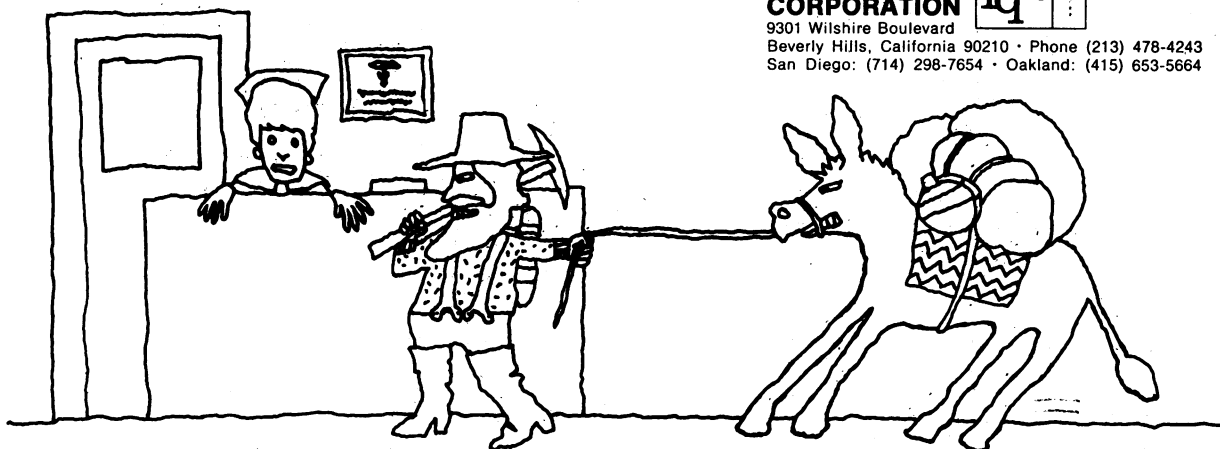
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IF MORE MEN CRIED

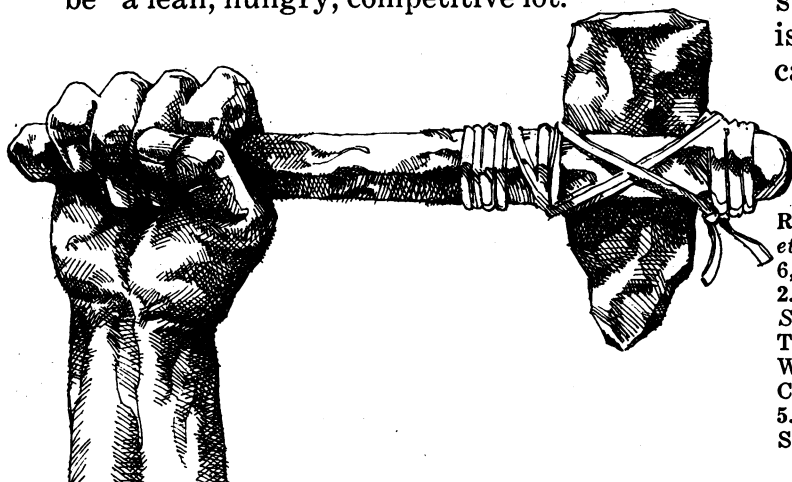


At least seventy-five out of one hundred adults with duodenal ulcers are men.¹

Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."²

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."²

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."³



Big boys don't cry. If more men cried, maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of

their genes and what they are taught. Schottstaedt

observes that when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.⁴ Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.



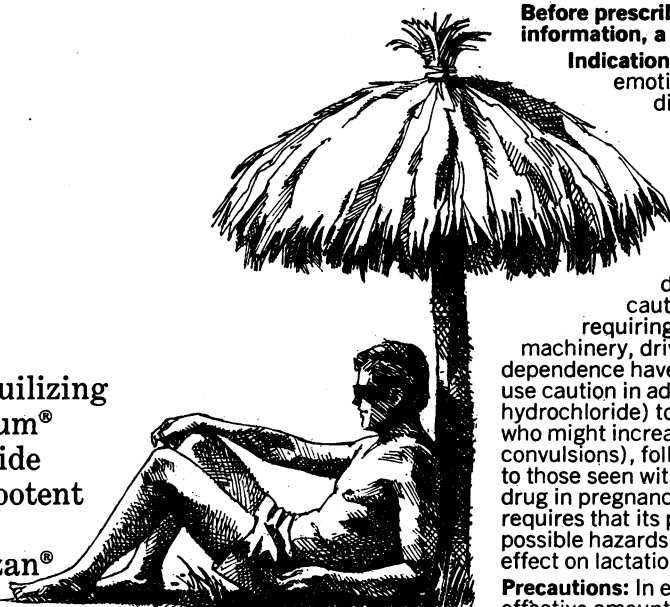
Take away stress, you can take away symptoms.

There is no question that stress plays a role in the etiology of duodenal ulcer. Alvarez⁵ observes that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

The rest cure vs. the two-way action of Librax.[®] For most patients, the rest cure is as unrealistic as it is desirable. Still, the stress factor must be dealt with. And here is where the dual action of adjunctive Librax can help. Librax is the only drug that com-

References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M., et al. (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.

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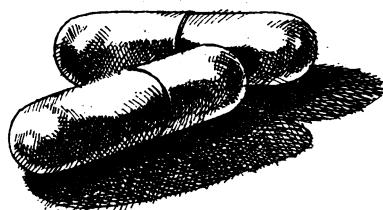


Protects man from his own hungry personality. The action of Librium reduces anxiety—helps protect the vulnerable patient from the psychological overreaction to stress that clutches his stomach. At the same time, the action of Quarzan helps quiet the hyperactive gut, decreasing hypermotility and hypersecretion.

An inner healing environment with 1 or 2 capsules, 3 or 4 times daily. Of course, there's more to the treatment of duodenal ulcer than a prescription for Librax. The patient—with your guidance—will have to adjust to a different pattern of living if treatment is to succeed. During this adjustment period, 1 or 2 capsules of Librax 3 or 4 times daily can help establish a desirable environment for healing.

Librax: It can't change man's nature. But it can usually make it easier for men to cope with the discomfort of stress—both psychic and gastric—that can precipitate and exacerbate duodenal ulcer.

Librax: Rx #60 1 cap. *a.c.* and 2 *h.s.*



Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, over-sedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

in the treatment of
duodenal ulcer
adjunctive
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As seen in **Newsweek**
April 19, 1971

You're suffering from an ailment doctors cannot cure.

Not just you.

Our entire nation is suffering from it. For the truth is, America needs radical surgery on our basic attitude toward health care.

Today's most critical "health problems" have root causes that have nothing to do with medicine:

Poor housing, poor nutrition. Slums, rats, pollution. Inadequate income, inadequate education. Alcohol, drugs, smoking. Automobile accidents.

All of these are among the basic causes of disease and injuries that bring needless human suffering and clog our health care system.

Doctors can treat the results. We can bandage the rat bites. Repair the smashed bodies. Operate on the damaged hearts. Cut out the cancers.

But we cannot, as doctors, prevent them. They come from social and economic conditions over which doctors have no control.

This is a task for all of us. Working as citizens with our communities and our government, we must mount an all-out attack on the root causes of poor health.

As human beings, we cannot turn our backs on the problem.

As doctors, we know there are many things we can do. We are

giving our time to train more doctors. We are developing new ways to deliver health care: new techniques, new methods, new systems.

But we also have a responsibility to recognize the things doctors cannot do. And then it is our duty to call society's attention to them. That is the purpose of this message:

The basic attitude toward health care in America is sick. It is a sickness that can be cured. But not by doctors alone.

It will take all of us, working together. As citizens.

As human beings.

California Medical Association

Your doctor's way of caring for all of California

For Insomnia... one capsule for the rest of the night



Before prescribing, please consult complete product information, a summary of which follows:

INDICATION: Relief of insomnia of varied etiology.

CONTRAINDICATIONS: Patients with known hypersensitivity to the drug.

WARNINGS: Caution patients about combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness, such as operating machinery or driving a motor vehicle shortly after ingesting the drug.

Physical and Psychological Dependence: Physical and psychological dependence rarely reported. If withdrawal symptoms do occur they may resemble those associated with

withdrawal of barbiturates and should be treated in the same fashion. Use caution in administering to individuals known to be addiction-prone or those whose history suggests they may increase the dosage on their own initiative. Repeat prescriptions should be under adequate medical supervision.

Usage in Pregnancy: Weigh potential benefits in pregnancy, during lactation, or in women of childbearing age against possible hazards to mother and child.

PRECAUTIONS: If sleeplessness is pain-related, an analgesic should also be prescribed. Perform periodic blood counts if used repeatedly or over prolonged periods. Total daily intake should not exceed 400 mg, as greater amounts do not significantly in-

crease hypnotic benefits.

ADVERSE REACTIONS: At recommended dosages, there have been rare occurrences of morning drowsiness, dizziness, mild to moderate gastric upset (including diarrhea, esophagitis, nausea and vomiting), headache, paradoxical excitation and skin rash. There have been a very few isolated reports of neutropenia and thrombocytopenia; however, the evidence does not establish that these reactions are related to the drug.

Each capsule contains 300 mg of methyprylon.



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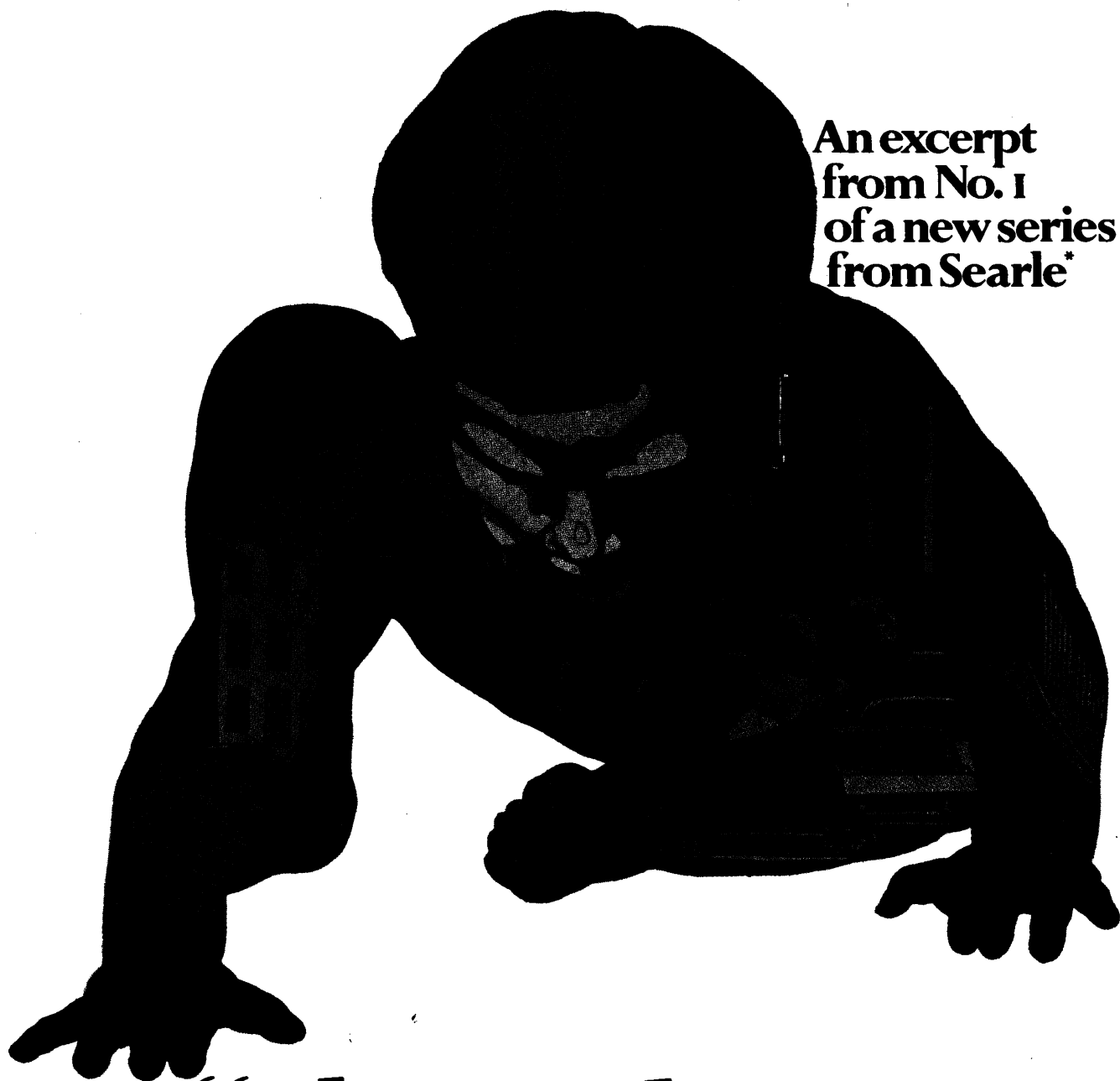
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An excerpt
from No. 1
of a new series
from Searle*

“The Ecology of Birth Control”

75 million more Americans— what impact on health care?

Because of a declining birthrate in the United States—attributable in no small measure to the widespread use of contraceptives—our population in thirty years is expected to be *only* 280 million, while the world population is expected to double, reaching 7 billion.

But the word “only” has an ironic ring to ecologists who warn of cities re-

sembling overcrowded, contaminated rat colonies, of respiratory and mental diseases reaching epidemic proportions and of a health-care community virtually overwhelmed by the burden.

The global consequences may be no less devastating. Ecologists estimate that every American has roughly fifty times the negative impact on the Earth's life-support systems of, say, a citizen of India. In these terms, adding 75 million Americans would be equivalent to adding 3.7 billion Indians to

the world population.

**For the complete brochure, and others in the series as they appear, please write to Searle or ask your Searle representative. Explored in the forthcoming issues will be the role of birth control on family pressures and its effects on the family; the influences of poverty, ethnic factors and marital status; its role in illness, its genetic implications and its effects on the emotional and behavioral life of the individual.*

An original contribution
to the science of contraception

Demulen®

Each tablet contains 1 mg. ethynodiol diacetate/50 mcg. ethinyl estradiol

Demulen...for low estrogen and Searle's progestin...with its unsurpassed contraceptive effectiveness and low incidence of side effects...with simple "Sunday-starting" and patient-proof Compac® tablet dispenser.

Actions—Demulen acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Demulen depresses the output of both the follicle-stimulating hormone (FHS) and the luteinizing hormone (LH).

Special note: Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in sub-primate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Demulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain¹⁻³ leading to this conclusion, and one⁴ in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll³ was about sevenfold, while Sartwell and associates⁴ in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear, since estrogens have been known to produce tumors,

some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Demulen. Therefore, if such tests are abnormal in a patient taking Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Demulen may mask the onset of the climacteric. The pathologist should be advised of Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

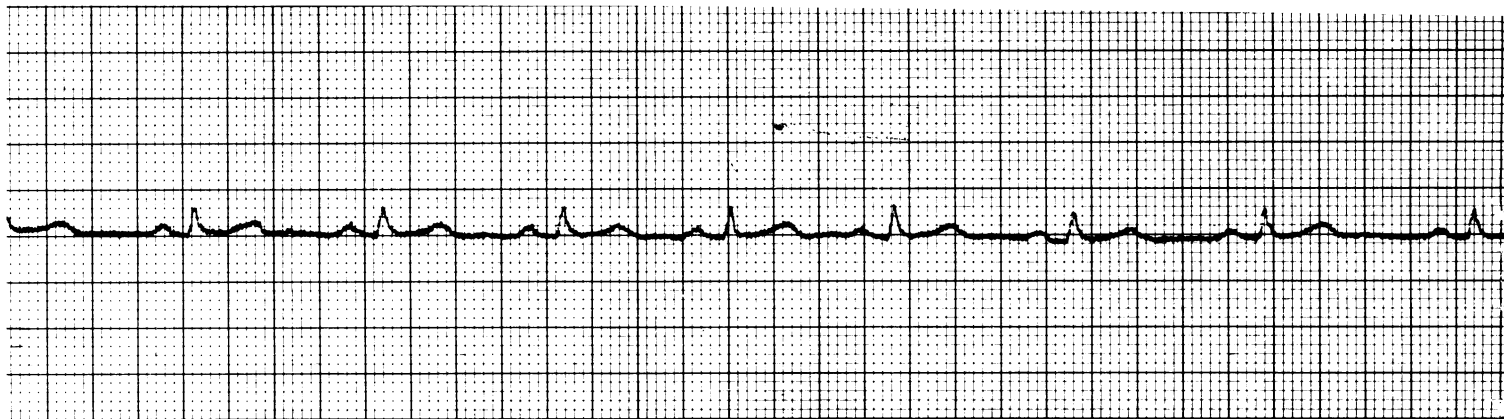
The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T₃ uptake values; metyrapone test and pregnanediol determination.

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**When disease is ruled out
and psychic tension is implicated**

Valium[®] (diazepam)

**helps relax the patient
and relieve his somatic symptoms**

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation

or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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